Every item of information should be carofully supplied ACE should be stated EXACTLY, PHYSICAIANS should state OAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. ECORD IS A PERMANENT BINDING WITH UNFADING INK---THIS AARGIN RESERVED FOR AINLY, WRITE V. S. No, 1.

PLACE OF DEATH County Washington 12306	STATE OF MARYLAND CERTIFICATE OF DEATH
REGRATE LIMITE OF	Registration Dist. No. 302
Village or City Hagerstown (No. 326, D.) 2 FULL NAME James & All	Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) 6 DATE OF BIRTH	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from 19/2 3 192 11/2 3 192 192 192 192 192 192 192 192 192 192
7 AGE (Month) (Day) (Year) 17 AGE If LESS than I dayhrs. 18 J. yrs. mos. ds. or min. ?	and that death occurred on the date stated above, at S
(a) Trade, profession or particular kind of work. (b) General nature of industry business, or establishment in which employed or (employer). 8 BIRTHPLACE (State or country)	Chamic Garage Meplante. (Duration) yrs. mos. ds. Contributory Secondary
11 BIRTHPLACE OF FATHER OF COUNTRY OF MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place In the of death yrs. mos. da. State, yrs. mos. da. Where was disease contracted, if not at place of death?
(Address) Philadelphia Pa	Former of usual residence
Registrar If more blanks are needed, address State Registrar	Treaty Braiss Hagasturon

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from tion applies to each and every person, irrespective of business, that fact may be indicated thus: Farmer (reor given up on account of the misease causing death, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Screant, Cook to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary). may be entered as Housewife, House en at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman." "Manager," "Dealadditional line is provided for the latter statement; it sary to know eases, especially in industrial employments, it is necesthe first-line will be sufficient, e.g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. household only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Womworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. nature of the business or industry, and therefore an Civil engineer, Stationary firemen, etc. But Physician, Compositor, Architect, Locomotive engineer, (a) Foreman, (b) Automobile factory. Statement of Occupation-Precise statement of oc-For many occupations a single word or term on 10 yrs.). At Home, and children, not gainfully emwithout more precise specification as Day (a) the kind of work and also (b) the For persons who have no occupation As examples: (a) The material in many

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"): Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

head of "contributory." quences (e. g., sepsis, tetanus) may be stated under the train-accident; Revolver wound of head-homicide; "Pueneral septicaemia." "Pueneral peritonitis," etc. diseases resulting from childbirth or misearriage as can be ascertained as the cause. Always qualify all rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion." "Heart failure." "Haemorsymptomatic), "Atrophy," "Collapse," conditions, such as "Asthenia," ary), 10 ds. causing death), 29 ds.; Bronchopneumonia ingex, peritonacam, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men Nomenclature of the American Medical Association.) ment of eause of death approved by Committee on as probably such, if impossible to determine definitely, and qualify as accidental, suicidal, or homicidal, or "Uraemia," "Weakness." etc., when a definite disease vulslous." stated unless important. use of "Tumor" for malignant neoplasms); Measles; Poisoned by carbolic acid-probably suicide. The na-Examples: Accidental drowning; Struck by railway State cause (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory Whooping cough; of the injury, as fracture of skull, and conse-FOR VIOLENT DUATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), for which surgical operation was under-Never report mere symptoms or terminal Chronic valvular heart (Recommendations on state-Example: Mcasics (disease. "Anaemia" "Coma," "Condiscase; (second-(merely

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BINDING

FOR

RGIN RESERVED

Mo. I.

v. S

PLACE OF DEATH 12307	STATE OF MARYLAND
County Washington	CERTIFICATE OF DEATH
Village or City Lagrestown (N. 334. Y	Registration Dist. No. 382 St; 4 Ward) (If death occurred in a hospital or institution, give its NAME in-
2 FULL NAME Ittildred K. C.	Salar stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED OR DIVO	(Month) (Day), 1922. (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
Oct 28 1922	that I last saw h alive on 192 192
7 AGE (Month) (Day) (Year) 7 AGE If LESS than 1 dayhrs.	and that death occurred on the date stated above, at 7.47.5. m. The CAUSE OF DEATH of was as follows:
3 OCCUPATION (a) Trade, profession or particular kind of work	Conbulsions
(b) General nature of industry business, or establishment in which employed or (employer)	from Indepether mos / ds
9 BIRTHPLACE (State or country)	Contributory Secondary (Duration)yramosds
10 NAME OF William R Baku	(Signed) M. Q. Jordon M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accioental, Suicidal or Homicidal.
a 12 MAIDEN NAME Sadie June	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- lents, or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country)	At place In the of death yrs mos da. State, yrs mos da.
(Informant) W. W. R. B. D. MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Address) Hagustown MA	Puze Hill
Filed nov 4 1922 Joshua Tromas Registrar	Water Minnel Hag Md.
If more blanks are needed, address State Registrar.	A. S. Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Stationary fremen, etc. But in many cases, especially in industrial employments, it is neceswhatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered a Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborerer," etc., without more precise specification as Day worked on may form par, of the second statement. (a) Foremun, (b) Automobile factory. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, c. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on -Coal mine, etc. Wom-As examples: (a) The material

Statement of Cause of Death—Name, first, the pisease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,") Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

ture of the injury, as fracture of skull, and conseand qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all rhage," "Inanition" "Marasmus," "Old Age." "Shock," symptomatic), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia." "Anaemia" ary), 10 ds. causing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms): Measles; inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." quences (e. g., sepsis, tetanus) mny be stated under the Poisoned by earbol'e ucid-probably suicide. The natrain-accident; Revolver around of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. State cause for which sangical operation was under-"Puerperal septicaem's." "Puerperal peritonitis," etc. "Uraemia," "Weekn s "Dropsy," "Exhausticu," "Heart failure." "Haemorvulsions," (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. Whooping cough; Chronie valvular heart disease; (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), Never report mere symptoms or terminal (R'commendations on stateetc., when a definite disease The contributory (mercly (second-

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1 PLASE OF DEATH	STATE OF MARYLAND
County Mashing BU 1231:8	CERTIFICATE OF DEATH
00 e a gront	Registration Dist. No. 300
Village or City Sharfus Durg (No.	St.; Ward) [If death occurred in a hospital or institution.
lagratta Elis	a Blackford give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOP OR RACE 5 SINGLE, SAME	16 DATE OF DEATH
Famale Hhite Charles	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
5 17 1846	, 1022, 10
(Month) (Day) (Yoar) AGE (Month) (Day) (Yoar)	that I last saw has alive on
t day, hrs.	and that death occurred on the date stated above, at // P n
yrs. 6 mos. ds. OR min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION A A A A A A A A A A A A A A A A A A A	
particular kind of work	
(b) General nature of industry business, or establishment in	(Burallen) yrs. mos. , d
which employed (er employer)	Contributory Paralysis
(State or country)	Decondary (Auralian)
10 NAME OF James FATHER James Down S Blackton	(Signed) S. Howell Conduce, M.
" II BIRTHPLACE MAN	11/20, 18122 (Address) Shapeshy 201
Def Father (State or country) 12 MAIDEN NAME 11.	*State the DISEASE CAUSING DEATH, or, in deaths from WOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.
of MOTHER Clisa Mayran	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT
13 BIRTHPLACE OF MOTHER	OR RECENT RESIDENTS) At place in the
(State or country) 14 THE ABOVE AS TRUE TO THE BEST OF MY, KNOWLEDGE	of deathyrsmesds. State,yrsmesd Where was disease contracted,
2. It who too	If not at piece of deeth?
(Informant)	- usual rosidence
(Address) Short burg Mcl	PACE OF BURIAL OR REMOVAL DATE OF BURIAL
18 (1/4) (1) 8/16	mansury not 11 = 20 1010
Filed 120, 1972 The Menner	20 UNDERTAKER ADDRESS
REGISTRAR	16 W. Saratogs St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Gusus and American Public Health Association.]

wife, Housework, or At Home, and children, not gainfully the duties of the household only (not paid Housekeepers mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be who receive a definite salary), may be entered as House precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, arrespective of age ness of various pursuits can be known. The question For many occupations a single word or term on the Coal mine, etc. Statement of Occupation-Precise statement of occupavery important, so that the relative healthful-For persons who have no occupation whatever The material worked on may form part Women at home, who are engaged in Never return "Laborer," If retired from (b) Auto-Civil

CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia, Bronchopneumonia ("Pneumonia") Lobar pneumonia, Bronchopneumonia of lungs, menin-

recture of sku recture. The states are of death approved by Committee are of the American Medical Association.)

are of death approved by Committee are of the American Medical Association.)

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are of the American Medical Association.)

are of death approved by Committee

are of the American Medical Association.)

are of death approved by Committee

are of the American Medical Association.) Struck by railway train-accident; Revolver wound to determine definitely. Examples: Accidental drowning, suicidal, or homicidal, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL surgical operation was undertaken. For violent deaths "PUERPERAL perilonilis," etc. State cause for which birth or misearriage as "PUERPERAL sephichacmia," etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shoek," "Uracmia," "Weakness," genital," "Senile," etc.), lapse," "Coma," "Anaemia" symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important cough; Chronic valvular heart disease; Chronic interstitia (name origin; "Cancer" is less definite; avoid use of ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of..... "Tumor" for malignant neoplasms); Measles; Whooping Always qualify all diseases resulting from child-(merely symptomatic), "Atrophy," "Coloma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercur-"Dropsy," Never report mere "Exhaustion,"

Z.

village or City Sharpsburg Mod 2 FULL NAME William Fig.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 300 St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS 3 SEX: 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH (Month) (Day) (Year)
Month) (Day) (Your) 7 AGE (Month) (Day) (Your) 1847 (Your) 7 AGE If LESS than 1 day, hrs. or min.?	17 I HEREBY CERTIFY, That I attended deceased from 10/26, 1922, to 11/16, 19122; that I last saw him alive on 11/16, 19122; and that death occurred on the date stated above, at 7 cm. The CAUSE OF DEATH ** was as follows: Carring of the Live
(b) General nature of industry business, or establishment in which employed (or employer) **BIRTHPLACE** (State or country)	Contributory Secondary (Guration) yrs mos ds.
10 NAME OF FATHER GRAPY V. SBlackford 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country)	(Signed) State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suitedal or Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place la the of death yrs. mee. ds. State, yrs. mos. ds.
(Informant) More Thrank Hulyel (Address) Sharps burg had 18 Filed 18, 1992 Howk France	Where was disease contracted, If not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL ADDRESS ADDRESS
If more blanks are needed, address State Registrar, 1	6 W. Saratoga St., Balto., Requesting V. S. No. 1. Mod

[Approved by U. S. Census and American Public Health Association.

engaged in domestic service for wages, as Servant, Cook employed, as At school or At home. Care should be wife, Housework, or At Hame, and children, not gainfully who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return "Laborer," mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, Physiwrite None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons the duties of the household only (not paid Housekeepers mobile factory. business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of Occupation-Precise statement of occupa-Coal mine, etc. various pursuits can be known. The question For persons who have no occupation whatever The material worked on may form part Women at home, who are engaged in If retired from (b) Auto-Civil

CAUSING DEATH (the primary affection with respect to unqualified, is indefinite); Tuberculosis of lungs, menunspinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebrotime and causation), using always the same accepted Lobar pneumonia, Typhoid fever (never Statement of Cause of Death-Name, first, the DISEASE for the same disease. er report "Typhoid pneumonia");

Bronchopneumonia ("Pneumonia"); Examples: Cerebrospinal

of eause of the Ame of answering the detail, it will prefix a detail, it will prefix and the certificate is permanently filed. genital," and consequences (e. g., sepsis, telanus) may be stated mus, on statement of eause of death approved by Committee under the head of "Contributory." (Recommendations state MEANS OF INJURY and qualify as ACCIDENTAL, "PUERPERAL perilonilis," etc. State cause for which birth or miscarriage as "PUERPERAL septichaemia," symptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Never report mere cough; Chronic valeular heart disease; Chronic interstitial head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound suicidal, or homicidal, or as probably such, if impossible surgical operation was undertaken. For violent deaths cause. etc., when a definite disease can be ascertained as the "Heart failure," "Il emorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," "Anaemia" (merely symptomatic), "Atrophy," Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, etc. The contributory (secondary or intercur-"Tumor" for malignant neoplasms); Measles; Whaoping on Nomenclature of the American Medical Association.) to determine definitely. Examples: Accidental drowning. Always qualify all diseases resulting from child-"Conia," The nature of the injury, as fracture of skull "Senile," etc.), "Convulsions," "Debility" ("Con-"Dropsy," "Exhaustion,"

ence. All the date is essential and must be obtained before tions answered in detail, it will prevent further correspond-If the legificate is looked over thoroughly and all ques-

Every item of information should be carefully supplied ACE should be stated EXACTLY, PHYSI-CIARS should state OAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD PERMANE BINDING A IS H UNFADING INK---THIS FOR ARGIN RESERVED 1 NLY, WRITE P

M. B.

2/2

PLACE OF DEATH County Washington 12310	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 802
Village or City / Selving (No, 2 FULL NAME Has. Emina / S	St; Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Amale Market Single, Market Wildowed Or Divorced (Write the word)	(Month) (Day) (Year) 17 J HEREBY CERTIFY, That I attended the deceased from
DATE OF BIRTH	that I last saw hex alive on 2000 6 , 1922
(Month) (Day) (Year) 7 AGE	and that death occurred on the date stated above, at . 11.4 P m
8 OCCUPATION (a) Trade, profession or particular kind of work. (b) General nature of industry business, or establishment in which employed or (employer)	The CAUSE OF DEATH & was as follows: Carder Person (Duration) / yrs, mos, de
9 BIRTHPLACE (State or country)	Contributory Secondary (Duration)yrsmosda
10 NAME OF FATHER 1	(Signed) M.D. (augsbyll) M.D. M.D. Hagsrelowy h
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*Stafe the Disease Causing Death for, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
of mother	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- lents, or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrs. mos. da, State, yrs. mos. da Where was disease contracted,
(Information) Hagerston Md	if not at place of death? Former or usual residence. 19 PL S OF PARIAL ON REMOVAL OF BURNAL
Filed Nov 7 1922 Joshua Thomas Registrar If more blanks are needed, address State Registrar.	20 UNDERTAKER Wathin Meinet Log Vid 16 W. Saratoga St., Balto, Requesting V. S. No.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthshould be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an tion applies to each and every person, irrespective of gaged in domestic service for wages, as Servant, Cook, ployed, as At school or At home. Care should be taken definite salary), may be entered a Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laho:er," "Toreman," "Manager," "Deal-(a) Foreman, (b) Automobile factory. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician. Compositor, Architect, Locomotive engineer the first line will be sufficient, c. g., Farmer or Planler, whatever, write None. tired 6 yrs.). For persous who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing Death, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enwork, or At Home, and children, not gainfully em-Civil engineer, Stationary firemen, etc. Bulla many Statement of Occupation-Precise statement of oc-For many occupations a single word or term on As examples: (a) The material

Statement of Cause of Death—Name, first, the bis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia")

> stated unless important. Example: Meastes (disease causing death), 29 ds.; Bronchopneumonia (secondsymptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anaemia" ary), 10 ds. use of "Tumor" for malignant neoplasms); Measles; inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Nomeuclature of the American Medical Association.) ment of cause of death approved by Committee head of "contributory." quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by rallway as probably such, if impossible to determine definitely. and qualify as Accidental, Suicidal, or Homicidal, or State cause for which sangical operation was under "Puerperal septicaem's." "Tuerpenal peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained at the cause. Always qualify all "Uraemia," "Wecknes." to, when a defiulte disease rhage," "Inauition" "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion." "Heart failure." "Haemorvulsions," (secondary or intercurrent) affection need uot be Chronic interstitial nephritis, etc. The contributory Whooping cough; Chronic valvulur heart disease; (name origin; "Caucer" is less definite; avoid FOR VIOLENT DUATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), Never report mere symptoms or terminal (R commendations on state-(merely

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(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs.). For persons who have no occupation whatever, write None. business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook, to report specifically the occupations of persons ployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a laborer, Farm laborer, Laborerer," etc., en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Mauager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; additional line is provided for the latter statement; it worked on may form part of the second statement. (a) Foreman, (b) Automobile factory. should be used only when needed. nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. Physician, Compositor, Architect, Locomolive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc For many occupations a single word or term ou without more precise specification as Day -Coal mine, etc. Wom-As examples: (a)The material But ln many

Statement of Cause of Death—Name, first, the discrete to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"): Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

quences (c. g., sepsis, tetanus) may be stated under the Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid—probably suicide. Examples: Accidental drowning; Struck as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, STICIDAL, OF HOMICIDAL, OF State cause for which surgical operation was under-"Puerperal scpticacmia," "Puerperal peritonitis," diseases resulting from childbirth or misearriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease rhage," "Inauitlon." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Haemorsymptomatic), "Atrophy," "Collapse," "Coma," conditions, ary), 10 ds. causing death), 29 ds.; Bronchopucumonia stated unless important. Example: Measles use of "Tumor" for malignant neoplasms); vulsions," Chronic interstitial nephritis, etc. The contributory inges, peritonaeum, etc., Carcinoma, Sarcoma, etc.. of unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; Chronic valvular heart disease; (uame origin; "Cancer" is less definite; avoid (secondary or intercurrent) affection need not be -accident; Revolver wound of head-homicide; FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senlle." etc.), such as "Astheuia." Never report mere symptoms or terminal (Recommendations on state-"Anaemia" by railway Meastes; (second-(disease (merely "Con-

If this certificate is lo ked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the gold is essential and must be obtained before the certificate is permanently filed.



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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No... fit death occurred in St: Ward) a hospital or institution. give its NAME lostead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SFY 16 DATE OF DEATH 5 SINGLE. 4 COLOR OR RACE MARRIED. Widow WIDOWED. (Month) (Day (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at, 1 dayhrs. OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory A.C. (Duration) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE (Address) PARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL, 12 MAIDEN NAME OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death yrs. __ mos. State yrs. _ Where was disease contracted. It not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address). 15 20 UNDERTAKER ADDRESS Filed N 15 194 > REGISTRAR

If more blanks are needed address State Registrar, 6 E. Franklin St., Balto., Requesting V.S. No. 1.

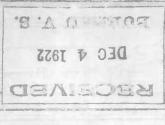
[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Colton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retlred from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons The question The

Statement of cause of death—Name, first, the disease causing dearm (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstilial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PULRPERAL perilonitis," etc. State eause for childbirth or miscarriage as "I'uerreral septichaeete, when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genital," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (seeondary), 10 ds. affection need not be stated unless important. ture of the American Medical Association.) eause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) by carbolic acid-probably suicide. The nature of the deut; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-"Collapse," "Coma," "Convulsions," "Debility" ("Conis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles "Senile," etc.), (Recommendations on statement of may be stated under the head (disease eausing death), 29 ds.; "Dropsy," "Exhaustion," Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



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STATE OF MARYLAND CERTIFICATE OF DEATH
Registration Dist. No. 305 [If death occurred to a hospital or institution, give its HAME instead of street and number.]
MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
that I last saw he alive on the date stated above, at m. The CAUSE OF DEATH * was as follows:
(State the Disease Causing Death of, in deaths from Worker Causins, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
OR RECENT RESIDENTS) At place Is the street of death yrs. mos. ds. yrs. yrs.

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. who receive a definite salary), may be entered as Housemill; (a) Salesman, (b) Grocery; (a) Forcman, only when needed. As examples: (a) Spinner, (b) Cotton engineer, Stationary fireman, etc. But in many cases, write None. business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or wife, Housework, or At Home, and children, not gainfully the duties of the household only (not paid Housekeepers precise specification as Day loborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the the second statement. Statement of Occupation-Precise statement of occupa-Coal mine, etc. Compositor, Architect, Locomotive engineer, to each and every person, irrespective various pursuits can be known. The question very important, so that the relative healthful-For persons who have no occupation whatever The material worked on may form part Women at home, who are engaged in At home. Care should be Never rcturn If retired from "Laborer," (b) Autoof age. Ciril

unqualified, is indefinite); Tuberculosis of lungs, menin-Typhoid fever (never report "Typhoid spinal meningitis"); Diphtheria (avoid use of "Croup"); CAUSING DEATH (the primary affection with respect to Statement of Cause of Death-Name, first, the DISEASE (the only definite synonym is "Epidemic cerebroand eausation), for the same disease. pneumonia, Bronchopneumonia ("Pneumonia,", using always the same accepted Examples: Cercbrospinal

> on statement of cause of death approved by Committee suicide. The nature of the injury, as fracture of skull on Nomenclature of the American Medical Association.) under the head of "Contributory." and consequences (e. head-homicide; Poisoned by corbolic Struck SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For VIOLENT DEATHS "PUERPERAL peritonitis," etc. State cause for which cause. cough; Chronic valvular heort diseose; Chronic interstitial ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of to determine definitely. Examples: Aecidental drowning; Struck by railway train—accident; Revolver wound of birth or miscarriage etc., when a definite disease can be ascertained as the mus," "Heart failure," "Hacmorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Anaemia" (merely symptomatic), "Atrophy,' lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from child-The contributory (secondary or intercurg., sepsis, tetanus) may be stated as "PUERPERAL septichaemia," "Dropsy," Never report mere (Recommendations ocid-probably "Exhaustion," ("Con-

tions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed. If this certificate is looked over thoroughly and all ques-

B.--Every item of Information should be carefully supplied AGE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be proporly classified. Exact statement of OCCUPATIOM is very important. See Instructions on back of certificate. CORD A PERMANE. S H UNFADING INK---THIS INLY, WRITE ! ż

PINDING

FOR

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S. No. 1.

PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SEX 4 COLOR OR BACE 5 SINGLE, MARRIED WIDOWED WIDOWED OR DIVORCED (Write the word) 17 I HEREBY CERTIFY, That I attanded the	9 , 19222 (Year)
MARRIED WIDOWED (Month) (Day)	9 , 1922.2 (Year)
	e deceased from
6 DATE OF BIRTH (Month) (Day) (Year) (Wear) (Wear) (Year)	, 192 2
and that death occurred on the data stated above, and the data stated above, and data stated abo	umlay
(b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Contributory Secondary Contributory Contributory Secondary Contributory Secondary Contributory Contri	wuda
11 BIRTHPLACE OF FATHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER (State or country) 12 BIRTHPLACE OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 Country 15 LENGTH OF RESIDENCE (For Mospitals, Instiguted and Country) At place of death yrs mos da. State, yrs.	(2) whether
(Informant) (Informant) (Address) 25 + 3 M Miller Chila Ch	OF BURIAL , 1922

ERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; It nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the fulness of variou pursuits can be known. The quescupation is very important, so that the relative health business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, household only (not paid Housekeepers who receive a laborer, Furm laborer, Laborer-Coal mine, etc. Womer," etc., without more precise specification as Never return "Taborer," "Foreman," "Mauager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Crocery, should be used only when needed. cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient e.g., Farmer or Planter, whatever, write None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persous cnployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement (a) Foreman, (b) Automobile factory. The material Civil engineer, Stationary fremen, etc. But in many Statement of Occupation-Precise statement of ocapplie to each and every person, irrespective of For many eccupations a single word or term on or At Home, and children, not gainfully em-Wrs.). For persons who have no occupation As examples: (a)

Lobar pneumonia, Bronchopneumonia ("Pneumonia Typhoid fever (never report "Typhoid pneumonia") : spinal meningitis"); Diphtheria (avoid use of "Croup") to time and causation), using always the same accept EASE CAUSING DEATH (the primary affection with respect ed term for the same disease. Examples: Cerebrospina Statement of Cause of Death-Name, first, the mis (the only definite synonym is "Epidemie cerebro

> conditions, such as "Asthenia," "Anaemia" (merely ary), 10 ds. Never report mere symptoms or terminal inger, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." (Recommendations on statequences ture of the injury, as fracture of skull, and consetrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely and qualify as Accidental, Suicidal, of Homicidal, of taken. For VIOLENT DEATHS State MEANS OF INJURY State eause for which surgical operation was under-"Puerperal septicacmia," "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uracmia," "Weaknes." etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure." "Hacmorvulsions," symptomatic), "Atrophy," "Collapse," "Coma," causing stated unless important. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. Whooping cough; Chronic valvulur heart disease; use of "Tumor" for malignant neoplasms); (uame orlgin; "Cancer" is less definite; avoid Poisoned by carbolic acid—probably spicide. 'The nadeath), 29 ds.; Bronchopneumonia (second-(e.g., sepsis, tetanus) may be stated under the "Dehility" ("Congenital," "Senlle," etc.), Example: Mcastes Always qualify all The contributory Measles; (disease

ence tions answered in detail, it will prevent further correspond-If this certificate is looked over thoroughly and all ques-All the data 's essential and must be obtained before

the certificate is permanently filed.

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. 30 21 (If death occurred in a hespital or institution, give its NAME instead of street number.) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS IS DATE OF DEATH 4 COLOR OR RACE 5 SINGLE, (Write the word) I HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH (Month) (Day) (Year) and that death occurred on the date stated above, at /O m. 7 AGE If LESS than FOR The CAUSE OF DEATH & was as follows:yrs,......mos......ds.for.....min.? atelectary S OCCUPATION (a) Trade, profession or particular kind of work..... plai (b) General nature of industry business, or establishment in which employed or (employer)..... Contributory 8 BIRTHPLACE Secondary (State or country) (Duration)yre. IO NAME OF PATHER Mr. 20 ... 1922. (Address) 11 BIRTHPLACE ENT State the Disease Causing Death, or, in deaths from OF PATHER Violent Causes, state (1) Means of Injury; and (2) whether (State or country) Accidental, Suicidal or Homicidal. 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) stal 13 BIRTHPLACE In the OF MOTHER ... yrs. ... mos..... da. State, yrs..... mos... of death (State or country) should Where was disease contracted, if not at place of death?..... CIANS short Former or usual residence... If more blanks are needed, address State Registrar. 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Whatever, write None. tired 6 yrs.). business, that fact may be indicated thus: Farmer (reor given up on account of the disease causing Death, Housemaid, etc. gaged in domestie service for wages, as Scrvant, Cook, to report specifically the pecupatious of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are cugaged in the dnties of the laborer, Farm laborer, Laborerer," etc., without more precise specification as Day Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomolive engineer, the first line will be sufficient, e. g., Farmer or Pluntar, cupation is very important, so that the relative healthnature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursults can be known. The ques-Civil engineer, Stationary firemen, etc. But in many Statement of Occupation-Precise statement of oc-Foreman, (b) Automobile factory. For many occupations a single word or term on or At Home, and children, not gainfully em-For persons who have no occupation If the occupation has been changed -Coal mine, etc. The material Wom-

Typhoid fever (never report "Typhoid pneumonia" spinal meningitis"); Diphtheria (avoid use of "Croup" ed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Lobar pneumonia, fever (the only definite synonym is "Epidemic cerebro Statement of Cause of Death-Name, first, the DIS Bronchopneumonia ("Pneumonia."

> ment of cause of death approved by Committee on head of "contributory." as probably such, if impossible to determine definitely rhage," "Inanition." "Marasmus," "Old Age," "Shock," couditions, such as "Asthenia," "Anaemia" Nomenclature of the American Medical Association.) quenees (e.g., scpsis. tctanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning: Struck by railway and qualify as accidental, suicidal, or homicidal, or State, cause for which surgical operation was under-"Puerperal seplicaemia," "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Dropsy," "Exhaustion," "Heart failnre." vnlsions," "Debllity" ("Congenital," "Sonile," etc.), symptomatic), "Atrophy," "Collapse," ary), 10 ds. stated unless important. nse of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mencausing death), 29 ds.; Bronchopneumonia Chronic interstitial nephritis, etc. inges, perilonacum, etc., (secondary or intercurrent) affection need not be Whooping cough; (name origin; "Cancer" is less definite; avoid For VIOLENT DEATHS STATE MEANS OF INJURY Never report mere symptoms or terminal Chronic valvular heart discase; (Recommendations on state-Carcinoma, Sarcoma, etc., of Example: Measles The contributory "Coma," "Con-"Haemor-(second-(mercly (disease ete.

tions answered in detail, it will prevent further correspond-If this certificate is looked over thoroughly and all ques-All the data is essential and must be obtained before

the pertificate is permanently filed.

W.a. Gordons authorization + ee dor.

N. B.--Every Item of information should be carefully supplied ACE should be stated EXACTLY, PHYSI-CIANS should state OAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD IS A PERMANE BINDING FOR H UNFADING INK---THIS MARGIN RESERVED WRITE No.

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	County Nashing by 12316 Village or City Sharfslurg Moto.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 300 St.; Ward) (If death occurred in a hospital or institution, give its NAME in-
-	PERSONAL AND STATISTICAL PARTICULARS 8 SEX 4 COLOR OR RACE & SINGLE, MARRIED, WIDOWED	MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH (Month) (Day) (Year)
	DATE OF BIRTH 5 26 (Month) (Day), 1896.	17 I HEREBY CERTIFY, That I attended the deceased from 11/14-9.300 M-1921, to 11/15-2-9. M, 1922. that I last saw here alive on 11/15-2-9. M, 1922. and that death occurred on the date stated above, at 2. Reme
	OCCUPATION (a) Trade, profession or particular kind of work.	The CAUSE OF DEATH & was as follows: apopley = Circloral
9	(b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country)	Contributory Secondary (Duration)yrsmosds,
	10 NAME OF FATHER JULY ACE OF FATHER OF FATHER OF MATHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER	(Signed) 5. Howell Gardines M.D. 11/16. 1922 (Address) Sheard-slung Hid *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	ents, or Recent Residents) At place of death yrs. mos. da. In the State,yrs. mos. da. Where was disease contracted, if not at place of death?
15	Filed / / / 1922 / Registrar It more blanks are needed, address State Registrar.	19 PLACE OF BURIAL ORREMONAN DATE OF BURIAL MEVAW annuly 1 = 18 ,1922 20 UNDERTORER ADDRESS (Avadysvally 16 W. Saratoga St., Balto., Requesting V. S. No. A. Mod.

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 yrs.). business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Houseto report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., without more precise specification as Day Housemaid, etc. laborer, Farm laborer, Laborer-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Foreman, (b) Automobile factory. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, Civil engineer, Stationary firemen, etc. But fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-For many occupations a single word or term on or At Home, and children, not gainfully em-For persons who have no occupation If the occupation has been changed -Coal mine, etc. Wom-The material in many

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Corobrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Nomenclature of the American Medical Association.) head of "contributory." (Recommendations on statequences ment of cause of death approved by Committee on ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all rhage," "Inanition." "Marasmus," "Old Age," "Shock," conditions, such as "Asthenia," "Anaemia" (merely "Puerperal septicaemia." "Puerperal peritonitis," etc. "Uraemia," "Weaknes:," etc., when a definite disease "Dropsy," "Exhaustion," "Heart failure." "Haemorvulsions," "Debility" ("Congenital," "Senile," etc.), symptomatic), "Atrophy," "Collapse," "Coma," "Conary), 10 ds. Never report more symptoms or terminal causing death), 29 ds.; Bronchopneumonia stated unions important. Example: Measles (disease Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Meastes; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be Whooping cough; . (name origin; "Cancer" is less definite; avoid (e. g., scpsis, tetanus) may be stated under the Accidental drowning; Struck by railway Chronic valvular, heart disease; (second-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

classified. Exact RECORD Information hould be carefully supplied ACE should be inteded to OAU. DF DEATH in plain terms so that it may be been become accupaTION is very important. See Instructions on back of Cert WRITE PLAINLY, WITH UNFADING INK --- THIS IS A PERMANENT Claws should statement of C. 1 Z

11

PLACE OF DEATH 1231	CERTIFICATE OF DEATH
County WITKIN CORPORAT LIMITS OF	Registration Dist. No. 302
Village or City Laglestown (No Lighton 2 FULL NAME Harvin 7. Con	Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male white Single, Widowein agle (Write the word)	(Month) (Day) (Year) I HEREBY CERTIFY, That I attended the deceased from
## Hat 6 , 1 92.0 (Month) (Day) , 1 92.0	that I last saw hand alive on PAD. 10. 1922. and that death occurred on the date stated above, at 7.6. m.
7 AGE If LESS than I dayhrs. 8 OCCUPATION One of the state of t	The CAUSE OF DEATH & was as follows: Circles Samal Meinghia
(a) Trade, profession or particular kind of work	Epilemie form-
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrsmos
9 BIRTHPLACE (State or country)	Contributory Secondary (Duration)yrs,mosde,
10 NAME OF Roll, Corruell	(Signed) Henry Offritzet M.D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 MAIDEN NAME OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER anna Flake	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- lents, or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrs mos da. State, yrs mos da.
(Informani) The Rest of My Knowledge	if not at place of death?
(Address) Hugeistown Md	Shring Tap. Hd 1/13 . 2.2.
Filed /// 1927 & M. White Registrar	Wathen's Villiamed Hag. Who.
If more blanks are needed, address State Registrar.	16 W. Saratoga St., Balto., Requesting V. S. No.

(Approved by U. S. Census and American Public Health Association.)

worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealployed, as At school or At home. Care should be taken en at home, who are engaged in the duties of the er," etc., additional line is provided for the latter statement; it cupation is very important, so that the relative healthwhatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing Death. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook to report specifically the occupations of persons enwork, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-(a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect; Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applied to each and every person, irrespective of fulness of various pursuits can be known. Statement of Occupation-Precise statement of oc-For many occupations a single word or term on without more precise specification as Day -Coal minc, etc. Wom-The ques-

Statement of Cause of Peath—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

Revolver wound of head-homicide;
Possoned by carbolic acid-probably suicide. The nahead of "contributory." quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF State cause for which surgical operation was under diseases resulting from childbirth or miscarriage as "Puerperal septicacmic." "Puerperal peritonitis," etc. can be ascertained at the cause. Always qualify all symptomatic), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," "Anacmia" ary), 10 ds. Never report more symptoms or terminal stated unless important. use of "Tumor" for mallgnant neoplasms); Measles; inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on Poisoned by carbolic acid-probably suicide. rhage," "Inanition" "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart vulsions," "Debility" ("Congenital," "Senile," etc.), causing death), 29 ds.; Bronchopncumonia (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping cough; Chronic valvular heart disease; (name origin; "Cancer" is less definite; avoid "Uraemia," "Weaknes ," ctc., when a definite disease FOR VIOLENT DEATHS STATE MEANS OF INJURY (Rocommendations on state-Example: Meastes (disease etc. failure." "Haemor-The contributory (second-(merely not be "Con-

If this certificate is 15 ked over thoroughly and all questions answered in decat, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Ferm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Housemaid, etc. If the oscupation has been changed -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. is very important, so that the relative healthful-Compositor, Architect, The material worked on may form part As examples: (a) Spinner, (b) Cotton Never return "Laborer," Locomotive engineer, If retired from (b) Auto-

time and eausation), using always the same accepted term for the same disease. Examples: Cerebrosphal fever (the only definite synonym is "Epidemic cerebral Typhoid fever (never "never"); Diphtheria (avoid "never"); Diphtheria unqualified, is indefinite); Tuberculosis of lungs, moving report "Typhoid pneumonia."

ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of mus, symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere nephritis, ctc. cough; Chronic valvular heart disease; Chronic interstitual "Tumor" for mulignant neoplasms); Measles; Wheoping Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, tetonus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by earbolic acid-probably Struck by railway train—accident; Revolver to determine definitely. Examples: Accidental drowning, SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deates "PUERPERAL peritonikis," etc. cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," lapse," "Coma," "Convulsions," "Debility" ("Con-"Anacmia" (merely symptomatic), Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. (name origin; "Cancer" is less definite; avoid use of " "Old Age," "Shook," "Uraemia," "Weakness, or miscarriage as "Puerpenal septichuemia," The contributory (secondary or intercur-State cause for which "Atrophy," (Recommendations "Exhaustion," wound of

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PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
County Markingish	415
GRATE LIMITS OF 1	Registration Dist. No.
Village or City / Lagus Munner (No. 03)	St; 2 Ward) (If death occurred in a hospital or institu-
2 FULL NAME Alonald & K	tion, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, Wildowell Or Bivorcel (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
6 DATE OF BIRTH	, 192, to, 192,
QAT 16 ,92	That I last saw halive on, 192,
(Month) (Day) (Year)	and that death occurred on the data stated above, at
If LESS than	The CAUSE OF DEATH & was as follows:
de or min.	
B OCCUPATION	Conversions
(a) Trade, profession or particular kind of work	
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos. 10 ds.
(State or country) Md	(Duration)yrsmos/ D. de.
10 NAME OF PATHER WALLS A SOLUTION LAS	(Signed) 2 a Gordon M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER Maude Hobbull	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients, or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrs. mos. da. In the State, yrs. mos. da. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Walle Allandes	Former or usual residence
(Address)/ Lagusturon	Bost Hill Cemer Mar des 1022
Filed Port 1922 Joshua Thomas Registrar	TWK saiss Haddress
If more blanks are needed, address State Registra	r. 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
	0019

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., Never feturn "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it the first line will be sufficient, e. g., Farmer or Planter, eupation is very important, so that the relative healthtired 6 yrs.). business, that fact may be indicated thus: Farmer (reto report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queswhatever, write None. cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many (a) Foreman, (b) Automobile factory. Statement of Occupation-Precise statement of oc-For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Day For persons who have no occupation The material

Typhoid fever (never report "Typhoid pneumonia"); spinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebrospinal to time and eausation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Lobar fever (the only definite synonym is "Epidemic eerebro-Statement of Cause of Death-Name, first, the DISpneumonia, Bronchopneumonia ("Pneumonia,

> head of "contributory." (Recommendations on statediseases resulting from childbirth or misearriage as ean be ascertained as the cause. Always qualify all symptomatic). "Atrophy," "Collapse," conditions, such as "Asthenia," "Anaemia" ary), 10 ds. eausing death), 29 ds.; Bronchopneumonia stated unless important. inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid quences (e.g., sepsis, totanus) may be stated under the train-accident: Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. "Puerperal septicaemia," "Puerperal peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease rhage." "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure." "Haemorvulsions." Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Meastes; unqualified, is indefinite); Tuberculosis of lungs, men-Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. and qualify as accidental, suicidal, or Homicidal, or State cause for which surgical operation was under-(seeondary or intercurrent) affection need not be Whooping cough; FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), Never report mere symptoms or terminal Chronic valvular heart discase; Example: Measles (disease "Coma," "Con-The na-(merely (second-

the certificate is permanently filed. ence. AH the data is essential and must be obtained before tions answered in detail, it will prevent further correspond. If this certificate is looked over thoroughly and all ques-

PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
County Pashenglow 1202	Registration Dist. No. 305
Village or City Loousborn (No,	St.; Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Mouth) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the doceased from
(Month) (Day), 1840	that I last saw h exalive on Menticular (5192.2.
AGE 8 2 If LESS than I dayhrs. I dayhrs. ds. or min. ?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work.	
business, or establishment in which employed or (employer). BIRTHPLACE (State or country)	Contributory Secondary A. (Duration)
10 NAME OF FATHER Thornton Goole 11 BIRTHPLACE OF FATHER 7	(Signed) M.D. M.D. Nov. 16'192 V (Address) Available from *State the Disease Cousing Death, or, in deaths from
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER Ree Lael Owners.	Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transferts, or Recort Residents)
13 BIRTHPLACE OF MOTHER (State or country) Inory Carel	At place of death yrs. mos. de State, yrs. mos. de,
(Informant) Thorston C. Deacon	if not at place of death? Former or usual residence.
(Address) Brownson, nel,	Boverson Cenely Ros. 18,1922
Filed Nov. 18 1922 William + Jak	Mu F. Bost & Son Bornslow. End
If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative healththe first line will be sufficient, e. g., Farmer or Planter, tion applie, to each and every person, irrespective of fulness of various pursuits can be known. The ques-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, en at home, who are engaged in the duties of the Never return "Laborer," "Fereman," "Manager," "Dealworked on may form part of the second statement. definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Womgaged in domestic service for wages, as Scrvant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emstate occupation at beginning of illness. If retired from or given up on account of the disease causing death, Statement of Occupation- Precise statement of Ocbusiness, that fact may be indicated thus: Farmer (rewhatever, write None. tired 6 yrs.). Foreman, (b) Automobile factory. The material For many occupations a single word or term on without more precise specification as Day Stationary firemen, etc. But in many For persons who have no occupation If the occupation has been changed As examples: (a)

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); spinal meningitis"); Diphtheria (avoid pneumonia"); Typhoid fover (never report "Typhoid pneumonia");

unqualified, is indefinite); Tuberculosis of lungs, meninges, periionacum, etc., Carcinoma, Sarcoma, etc., of use of "Tumor" for malignant neoplasms); Meastes; conditions, such as "Asthenia," "Anaemia" (merely causing denth), 29 ds.; Bronchopneumonia stated unless important. Example: Measles (discase Chronic interstitial nephritis, etc. The contributory symptomatic), "Atrophy," "Collapse," "Coma," ary), 10 ds. (secondary or intercurrent) affection need not be Whooping cough; ean be ascertained as the cause. Always qualify all "Uraemia," "Weaknes ." etc., when a definite disease rhage." "Inunition" "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion." "Heart failure." "Haemorvulsions," diseases resulting from childbirth or miscarriage as "Puerperal septicaemic." "Puerperal peritonitis," train-aecident; Revolver wound of head-homicide; Examples: Aecidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or homicidal, or State cause for which surgical operation was underquences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and eonse-Poisoned by carbolic acid-probably suicide. The nament of eause of death approved by Committee on head of "eoutributory." Nomenclature of the American Medical Association.) .. (name orlgin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Scnile," etc.), Never report mere symptoms or terminal Chronic valvular heart disease; (R-commendations on state-(second-

If this certificate is looked over thoroughly and all questions answered in detail, it will pretent further correspondence. All the data is essential and must be obtained before the certificate is normanent; filed.

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PLACE OF DEATH 12321	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Lagerstown No. Wark.	Registration Dist. No. 22 A. Mashital, 3 Ward) Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED WIDOWD OR DIVOK TALLIES (Write the well)	16 DATE OF DEATH Month (Day), 192.2 (Month) (Day) (Year)
6 DATE OF BIRTH	Nev. 2 7 1922 to Nev. 21 ,192 2
7 AGE 33 yrs. 3 mos. ds. or min. ?	and that death occurred on the date stated above, at 5, 50. Pm. The CAUSE OF DEATH it was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work.	Tetouer -
(b) General nature of industry business, or establishment in which employed or (employer)	Contributory General Ober Worked Secondary accidental, Cufa. (Duration) yrs. mos. ds.
11 BIRTHPLACE OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER Kunkle	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- lents, or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrs. mos. da. State, yrs. mos. da.
(Informati) Hr. Edu, Sitney	if not at place of death? Former or usual residence.
(Address). Hagestonn Md	Vane Till 241 16.2.1
Filed Mar 29 1922 Em. White Registrar	Wether Minnel Hay Wed
If more blanks are needed, address State Recorrar.	16 V. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 yrs.). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekcepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Dealbusiness, that fact may be indicated thus: Farmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons ener," etc., without more precise specification as Day worked on may form par' of the second statement. (a) Foreman, (b) Automobile factory. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in inclustrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Plunter, fulness of various parsuits can be known. The quescupation is very important, so that the relative health-Civil engineer, Stationary firemen, etc. But in many tion applie to each and every person, irrespective of Statement of Occupation-Precise statement of oc-For many occupations a single word or term on 01. Jt Home, and children, not gainfully em-The material

Statement of Cause of Death—Name, first, the dissert causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corobrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

ment of eause of death approved by Committee on quenees (e.g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and eonsetrain-accident; Revolver wound of head-homicide; as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF ean be ascertained as the cause. Always qualify all rhage," "Inanition" "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anaemia" stated unless important. Nomenclature of the American Medical Association.) head of "contributory." State cause for which surgical operation was under-"Puerperal seplicaemia," "Puerperal peritonitis," etc. diseases resulting from childbirth or misearriage as "Uraemia," "Weeknes.:" etc., when a definite disease "Dropsy," "Exhaustion," "Heart failure." "Haemorcausing death), 29 ds.; Bronchopneumonia Chronic interstilial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; inges, peritonacum, etc., unqualified, is indefinite); Tuberculosis of lungs, men-Poisoned by carbolic acid-probably suicide. The na-Examples: Accidental drowning; Struck by railway vulsious," (seeondary or intercurrent) affection need not be Whooping cough; (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS State MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), Never report more symptoms or terminal Chronic valvular heart disease; Carcinoma, Sarcoma, etc., of (Il commendations on state-Example: Mcastcs (disease (seeond-(merely

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(Approved by U. S. Census and American Public Health Association.)

Whatever, write None. tired 6 yrs.). business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing Death, definite salary), may be entered as Housewife, House. en at home, who are engaged in the duties of the er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken household only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Plantos fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Civil engineer, Stationary fremen, etc. Physician, Compositor, Architect, Locomotive engineer. tion applies to each and every person, irrespective of (a) Foreman, (b) Automobile factory. The material Statement of Occupation-Precise statement of oc-For many occupations a single word or term on or At Home, and children, not gainfully em-For persons who have no occupation But in many

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meuingitis"); Diphtheria (avoid use of "Croup"); Typhoid, fever (never report "Typhoid pneumonia."); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

head of "contributory." quences and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, diseases resulting from childbirth or miscarriage as rhage," "Inanition." "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," couditions, such as "Asthenia," ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia stated unless important. use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of hungs, men-Nomenclature of the American Medical Association.) ment of cause of death approved by Committee ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. train-uccident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. taken. For violent deaths state means of injury State eause "Puerperal septicuemia." "Puerperal peritonitis," can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Dropsy," "Exhaustion," "Heart failure." "Haemorvulsions," Chronic interstitial nephritis, etc. The contributory Whooping cough; Chronic valvulur heart disease; (name origin; "Cancer" is less definite; avoid inges, peritonacum, etc., Carcinoma, Surcoma, etc.. of (secondary or intercurrent) affection used not be (e. g., sepsis, tetanus) may be stated under the "Debility" ("Cougenital," "Senile," etc.), for which surgical operation was under-(Recommendations on state-Example: Measles (disease "Anaemia" Always qualify all "Coma," "Con-(merely (second-

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DEVIEDE JAN 6 1923 OLLAN V. 8.

Village or City Councock (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 3.0
2 FULL NAME Thomas Fra	a hospital or institu- tion, give its NAME in- stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR BACE 5 SINGLE MARRIED MUNIC. MARRIED MUNIC. WIDOWER WIDOWERD (Write the word)	Month of DEATH Note
6 DATE OF BIRTH	must. 2 192 2, to has 5 , 192 2.
(Month) (Day) (Year)	that I last saw have alive on TARD 2
VIS. 10 mos da or min. ?	· faraleses
8 OCCUPATION (a) Trade, profession or particular kind of work. Above	
(b) General nature of industry business, or establishment in which employed or (employer)	Contributory Secondary (Duration)
11 BIRTHPLACE OF FATHER (State or country) Ireland	(Signed)
of MOTHER Mary Comming Raw	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Translents, or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of death yrs
Maria X all and a single	Former or usual residence.
(Address) Law avor The Filed 11/J 1922 & Glewkins	19 DLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS
Registrar	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

CERTIFICATE OF DEATH

(Approved by U. S. Censu: and American Public Health Association.)

tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing beath, definite : alary), may be entered a. Housewife, House whatever, write None. House maid, etc. If the occupation has been changed gaged in domestic service for wages, as Screant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken work, or At Home, and children, not galufully emhousehold only (not pald Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. additional line is provided for the latter statement; it (a) Foremun, (b) Automobile factory. Spinner, (b) Cotton mill; (a) Salesman, (b) Crocery; should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, ete. But in many the first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative healthtion applie, to each and every person, irrespective of fulness of various parguits can be known. The ques-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on without more precise specification as The material

Statement of Cause of Death—Name, first, the pisease causing death (the primary affection with respect to time and causation), using always the same accepted ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"): Lobor pneumonia, Bronchopneumonia ("Pneumonia,"

conjunction of the American Medical Association.) quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. train-accident; Revolver wound of head-homicide; Examples: Accidental drowning; as probably such, if in possible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was under-"Puerperal septicaemia." "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all rhage," "Inanition." "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," "Anaemia" "Uracmia," "Weaknes:" etc., when a definite disease vulsions." ary), 10 ds. Never report mere symptoms or terminal "Dropsy," "Exhaustion," "Heart failure," "Haemorcausing death), 29 ds.; Bronchopneumonia stated unless important. use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory ny . peritonacum, etc., Carcinoma, Surcoma, etc., of (name origin; "Cancer" is less definite; avoid Whooping cough; Chronic valvulur heart disease; of "contributory." of cause of death approved by Committee FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Scnile," etc.), (R commendations on state-Example: Mcastes Struck by railway The na-(second-(disease (merely

If this certificate is 10 ked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the pertificate is permanently filed.

DEC

N. E.--Every item of information should be carefully supplied ACE should be stated EXACTLY, PHYSI. CIANS should state OAUSE OF DEATH in plain terms so that it may be properly clessified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. **ECORD** € WITH UNFADING INK .- THIS IS A PERMANENT ARGIN RESERVED FOR BINDING AINLY, WRITE

V. S. No. 1.

PLACE OF DEATH	STATE OF MARYLAND
12324	CERTIFICATE OF DEATH
County Washington 12061	Registration Dist. No. 302
Village or City Hage Enstoun (No. 321, 8	Ward) (If death securred in a hospital or institu- tion, give its NAME in- stead of street and Roll Clauch Gas Configuration.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
uale Why to Single, wildowed Gugle Water to the word of the word	16 DATE OF DEATH 25, 1522 (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
6 DATE OF BIRTH	
(Month) (Day) (Year) 7 AGE If LESS than I day hrs. 8 OCCUPATION	and that death occurred on the data stated takeve, at
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrsmosde,
9 BIRTHPLACE (State or country) Maryland	Contributory Necendary (Duration), yrs, mos. de.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	(Signed) To Good M. D. "State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
a Mauche Jours	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients, or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrs. mos. da, State, yrs. mos. da, Where was disease contracted,
(Informant) (Informant)	if not at place of death?
(Address) P2/ S. Camara USE.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 1006/Hell /27 19 22
Filed Nov 25 1922 Justina Thomas Registrar	Elisates Von Lagensloum
If more blanks are needed, Midress State-Registrar.	16 W. Saratoga St., Balto, Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from or given up on account of the disease causing beath. ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of eupation is very important, so that the relative healthwhatever, write Nonc. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (re-Housemaid, etc. If the occupation has been changed gaged in domestic scrvice for wages, as Servant, Cook, to report specifically the occupations of persons enwork, or At Home, and children, not gainfully; emlaborer, Farm laborer, Laborerer," etc., without more precise specification as Day worked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-Foreman, (b) Antomobile factory. For many occupations a single word or term on -Coal minc, etc. Wom-The material

EASE CAUSING DEATH (the primary affection with respect Typhoid fever (never report "Typhoid pneumonia") spinal meningItis"); Diphtheria (avoid use of "Croup") ed term for the same disease. Examples: Cerebrospinal Lobar fever (the only definite synonym is "Epidemic eerebroto time and causation), using always the same accept-Statement of Cause of Death-Name, first, the pispncumonia, Bronchopncumonia ("Pneumonia,

> conditions, such as "Asthenia," "Anaemia" causing death), 29 ds.; Bronchopncumonia stated unless important. unqualified, is indefinite); Tuberculosis of lungs, menhead of "contributory." quenees (c. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and consediseases resulting from childbirth or miscarriage as rhage," "Inanition." "Marasmus," "Old Age." "Shock," symptomatie), "Atrophy," "Collapse," "Coma," "Conary), 10 ds. use of "Tumor" for malignant neoplasms); Meastes; (name origin; "Cancer" is less definite; avoid inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of Nomenclature of the American Mcdlcal Association.) ment of cause of death approved by Committee Poisoned by carbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck as probably such, if impossible to determine definitely and qualify as accidental, suicidal, or homicidal, or State cause for which surgical operation was under-"Puerperal septicaemia;" "Puerperal peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness." etc., when a definite disease "Dropsy," "Exhaustion." "Heart failure." "Haemor vulsions." (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory Whooping cough; Chronic valvular heart discase; FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.) Never report more symptoms or terminal (Recommendations on state-Example: Meastes (disease by railway (seeoud-(mercly

tions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before If this certificate is looked over thoroughly and all ques-

the certificate is permanently filed.

BINDING

FOR

RESERVED

ARGIN

in

Co	PLACE OF DEATH unty Parking to 12325	CERTIFICATE OF DEATH Registration Dist. No. 305 Str. Ward) (If double occurred in
Villa	2 FULL NAME There & Eco	St.; Ward) (If doubt occurred in a hospitul or institution, give its NAME instead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 sp	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	18 DATE OF DEATH Norrelos 207, 1122 (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the decensed from
6 DA	(Month) (Day) (Year)	that I last saw h exalive on Pross. 1822.
7 AG		and that death occurred on the date stated above, at Jm. The CAUSE OF DEATH & was as follows: Harris players (Right Like)
1 (a)	Trade, profession or florese confession or rticular kind of work.	
bu wl	General nature of industry siness, or establishment in nich employed or (employer)	(Duration)yre. / mosde.
9 131	(State or country) Many .	Secondary 1
	10 NAME OF FATHER Arcel Sevell,	(Signed) Alexander M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D
ENTS	OF FATHER (State or country) France,	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
PAR	OF MOTHER TCate Keller.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients, or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or country) Moglowd,	At place of death yrs mos da. State, yrs mos da. Where was disease contracted,
14 '1'	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
	(Informant) Typaul (Sevaces)	Former or usual residence
	(Address) Bouleon, Md,	PLACE OF BURIAL OR REMOVAL SATE OF BURIAL Frod. 2 2", 19.2.2
16 F	iled Wov. 23 1922 William 7/3027 Rogistrar	20 UNDERTAKER Mee Fi Bail Hore Boundon, Fred
	If more blanks are needed, address State Registrar.	16 W. Saratoga St., Balto., Requesting V. S. No. L

STATE OF MARYLAND

REVISED UNITED CERTIFICATE OF DEATH STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from er," etc., without more precise specification as Day additional line is provided for the latter statement; it whatever, write Nonc. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (reor given up on account of the disease causing Death, Housemaid, etc. gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persous enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Physician, Compositor, Architect, Locomotive engineer, (a) Foreman, (b) Automobile factory. Statement of Occupation-Precise statement of oc-For many occupations a single word or term on or At Home, and children, not gainfully em-If the occupation has been changed But in many The material

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> couditions, such as "Asthenia." ary), 10 ds. Never report mere symptoms or terminal stated unless important. Example: Meastes (disease use of "Tumor" for malignaut neoplasms); inges, peritonatum, etc., Curcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menment of eause of death approved by Committee on head of "contributory." quonces (e. g., sepsis, totanus) may be stated under the ture of the injury, as fracture of skull, and consetrain-accident; Revolver wound of head-homicide; as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or Homicidal, or State cause for which surgical operation was under-"Puerperal septicucmia," "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Urnemia," "Weakness," etc., when a definite disease rhage," "Inauition." "Marasmus," "Old Age." "Shock," "Dropsy," "Exhaustion," "Heart failure." "Haemorsymptomatic), "Atrophy," "Collapse," "Coma." causing death), 29 ds.; Bronchopneumonic Chronic interstitial nephritis, etc. The contributory Nomenclature of the American Medical Association.) Poisoned by carbolic acid-probably suicide. Examples: Accidental drowning; (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), (Recommendations on state-"Anaemia" Struck by railway Moustes; (secoud-(merely "Con-

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statement of PHYSICIANS EXACTLY. classified stated PERMANENT properly should may AG -THIS supplied. UNFADING carefully 2 0 2 WITH 0 ation 0 EW of inform 1 PLACE OF DEATH

Registration Dist. No. I If death occurred in Ward) a hospital or institution, give its NAME instead of straet and number. ² FULL NAME PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE 3 SEXI 16 DATE OF DEATH COLOR OR RACE MARRIED 191 WIDDWED OR DIVDRCED (Month (Day) (Year) hat I attended deceased from 6 DATE OF BIRTH (Month) (Day) (Year) 7 AGE If LESS than of and that death occurred on the date stated above, at 1 day, hrs. THE CAUSE OF DEATH * mis.? OR PO OCCUPATION
(a) Trade, protession, or particular kind of work-(b) Genaral nature of industry in terms, instruction business, or establishment in which employed (or employer) Contributory BIRTHPLACE econdary (State or country) See (Duration) 10 NAME DE FATHER (Signed tion should of DEATH in important. S 11 BIRTHPLACE (Addrass). L OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, Ш SUICIDAL OF HOMICIDAL Œ 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place In the DF MOTHER D is of death State,yrs.mes. (State or country yrs. mss. ds. should state CAI Where was disease contracted. 14 THE ABOVE IS TRUE TO COE MY KNOWLEBGE if not at place of deeth ?..... Former or usual residence 19 PLACE DE BURIAL OR DATE OF BURIAL 15 20 UNDERTAKER ADDRESS m REGISTRAR If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomolive engineer, Civil write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Duy laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, For many occupations a single word or term on the applies to each and every person, irrespective ness of various pursuits can be known. The question -Coal mine, etc. Statement of Occupation-Precise statement of occupa-Compositor, Architect, very important, so that the relative healthful-For persons who have no occupation whatever The material worked on may form part Women at home, who are engaged in Never return "Laborer," If retired from (b) Autoof age.

unqualified, is indefinite); Tuberculosis of lungs, menind Typhoid fever spinal meningitis"); Diphtheria (avoid use of "Croup time and causation), using always the same accepted CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the Disi (the only definite synonym is "Epidemie cere for the same disease. Examples: Cerebrospinal pneumoma, (never Bronchopneumonia report "Typhoid pneumonia"); ("Pneumonia, -0.10

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and consequences (e. g., sepsis, tetanus) may be stated SUICIDAL, or HOMICIDAL, or as probably such, if impossible symptoms or terminal conditions, such as "Asthenia," ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of... on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations head-homicide; Poisoned by Struck by railway train-accident; Revolver to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. birth or misearriage as "Puerperal septickuemia," etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Anaemia" chopnsumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrins, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasus); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of "Heart failure," "Haemorrhage," "Inanition," "Maras-mus," "Old Age," "Shock," "Uraemia," "Weakness," Nomenclature of the American Medical Association.) Always qualify all diseases resulting from child-"Coma," The nature of the injury, as fracture of skull, (merely symptomatic), The contributory (secondary or intereur-"Convulsions," "Debility" "Dropsy," carbolic acid—probably State cause for which Never report mere "Atrophy," "Exhaustion," mound ("Con-

epon All the data is essential and must be obtained before the certificate is permanently float. this certificate is looked over thoroughly and all ques-

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PLACE OF DEATH 12328 County Washington	STATE OF MARYLAND CERTIFICATE OF DEATH
WITHIN CONTRACT LIMITS OF	Registration Dist. No. 3
Village or City Hagenstour (No. Wash.	Co. Hosfuties, 3 Ward) (If death occurred in a hospital or institution, give its NAMK instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED. WIDOWED Surgle OR DIVORCED (Write the word)	16 DATE OF DEATH MOT. , 15.2 ~ (Month) (Day) (Year) 17 HEREBY CERTIFY, That I attended the deceased from
6 DATE OF BIRTH	Mr. 1 1927 Wer 1 1922.
(Month) (Day) (Year)	that I last saw him slive on Mary 1 1922,
Stillyre Lot mos u de or min. ?	The CAUSE OF DEATH & was as follows:
8 OCCUPATION (a) Trade, profession or	of placenta
particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrsmos/.de,
State or country)	Contributory Secondary (Dumnon)
10 NAME OF HOME & Glover	(Signed) Till: Caravaugh M.D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
a DE MAIDEN NAME OF MOTHER OLITH Prece	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients, or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country) Eugland	At place In the of death yrs. mos. da. State, yrs. mos. da.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Will Sloves	Former or usual residence
(Address) Hagerstown Und	PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Nov. 3 1922 & M. White Registrar	20 UNDERTAKER ADDRESS ADDRESS
- Repully	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

nature of the business or industry, and therefore an the first line will be sufficient, c. g., Farmer or Planter tion applies to each and every person, irrespective of cupation is very important, so that the relative healthwhatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of iliness. If retired from or given up on account of the disease causing death. gaged in domestic service for wages, as Servant, Cook, ployed, as At school or At home. Care should be taken work, or At Home, definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., without more precise specification as Day Never return "Laborer;" "Foreman," "Manager," "Dealworked on may form part of the second statement Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer fuiness of various pursuits can be known. The ques-Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons en-(a) Foreman, (b) Automobile factory. Statement of Occupation-Precise statement of oe For many occupations a single word or term on and children, not gainfully em-The material

spinal meningitis"); Diphtheria (avoid use of "Croup"): EASE CAUSING DEATH (the primary affection with respec Lodar pneumonia; Bronchopneumonia ("Pneumonia." Typhoid fever (never report "Typhoid pneumonia"): fever (the only definite synonym is "Epidemic cerebro ed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept Statement of Cause of Death-Name, first, the bis-

> (name origin; "Caneer" is less definite; avoid head of "contributory." and qualify as accidental, suicidal, or Homicidal, of "Puerperal scplicaemia," "Puerperal peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness." etc., when a definite disease rhage," "Inanition," "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure." symptomatic), "Atrophy," "Collapse," conditions, such as "Asthenia," "Anaemia" ary), 10 ds. causing death), 29 ds.; Bronchopneumonia stated unless important. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; inges, peritonacum, etc., unqualified, is indefinite); Tuberculosis of lungs, men Nomenclature of the American Medical Association.) ment of cause of death approved by Committee quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. train-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely State cause for which surgical operation was undervulsions," Whooping cough; FOR VIOLENT DEATHS STATE MILANS OF INJURY "Debility" ("Congenital," "Senile," etc.) Never report mere symptoms or terminal Chronic valvular heart Carcinoma, Sarconia, etc., of Example: Mcastcs (disease (Recommendations on state-"Coma," "Con-"Haemordiscase; (second-(merely

ence. All the data is essential and must be obtained before tions answered in detail, it will prevent further correspond-If this certificate is looked over thoroughly and all ques-

the certificate is permanently filed.

N. B.--Every Item of information should be carefully supplied ACE should be stated EXACTLY, PHYSI-CIANS should state OAUSE OF DEATH in plain terms so that it may be properly clessified. Exact estatement of OCCIDATION is very important. See instructions on back of certificate. RECORD LAINLY, WITH UNFADING INK -- THIS IS A PERMANEN JARGIN RESERVED FOR BINDING WRITE V. S. No. 1.

PLACE OF DEATH	STATE OF MARYLAND
County Weslington 12329	CERTIFICATE OF DEATH
WITHIN CORPGRATE LIMITS OF	Registration Dist. No. 302
Village or City Hagentown (No. Wash C	O. Hossfutalst; 3 Ward) (If death securred in a hospitual or institution, give its NAME instead of street and
2 FULL NAME Mary Margares	number,)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	Month (Day) (Year)
DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from 65 16 1922, to how 3 ,1922.
(Month) (Day) (Year)	that I last saw h alive on 192.
7 AGE If LESS than I dayhrs. yrsmosds. ormin. ?	The CAUSE OF DEATH it was as follows:
8 OCCUPATION (a) Trade, profession or Particular kind of work	injuries at birth. cuss?
(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion)
State or country)	Contributory Characteristics (Duration)yrs
10 NAME OF Spe W Griffey	(Signed) M. D. Hosele 74 A
11 BIRTHELACE OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER Transfer M. Graif	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- lents, or Recent Residents)
18 BIRTHPLACE OF MOTHER (State or country)	At place of death yrs mos da. State,yrs mos da. Where was disease contracted,
(Informant)	if not at place of death?
(Address) 46 & Firantlea	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Nov. 3 1922 & m. white Registrar	20 UNDERTAKER ADDRESS
At more blanks are needed, address State Registrar.	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Ceusus and American Public Health Association.)

additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The queseupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Groeery, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many tion applies to each and every person, irrespective of business, that fact may be indicated thus: Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enhousehold only (not pald Housekeepers who receive a whatever, write Nonc. tired 6 yrs.). Housemaid, etc. If the occupation has been changed (a) Foreman, (b) Automobile factory. Statement of Occupation-Precise statement of oc For many occupations a single word or term ou or At Home, For persons who have no occupation and children, not gainfully em-The material

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avold use of "Croup"); Pyphoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(secondary or intercurrent) affection need not be conditions, such as "Asthenia," ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia (secondstated unless important. Example: Measles (disease Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; inges, peritonacum, etc., Carcinoma, Sareoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, mendiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all rhage," "Inaultlon." "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," "Coma," "Con-Whooping eough; Chronic valvular heart disease; (name origin; "Cancer" is less definite; avoid ment of cause of death approved by Committee ou head of "eontributory." quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse train-necident; Revolver wound of head-homicide; Examples: Aecidental drowning; Struck by railway as probably such, if impossible to determine definitely and qualify as accidental, suicidal, or momicidal, or State cause for which surgical operation was under "Puerperal septicaemia," "Puerperal peritonitis," "Uraemia," "Weakness." etc., when a definite disease "Dropsy." "Exhaustion," "Heart failure." "Haemor-Nomenclature of the American Medical Association.) Poisoned by carbolic acid-probably suicide. The navulsions," FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debllity" ("Congenital," "Senile," etc.), (Recommendations on state-"Anaemia" (merely etc

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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LY, PHYSICIANS Exact statement of Every item of information should be carefully supplied. AGE should be stated EXAD should state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate. ITH UNFADING INK-THIS IS A PERMANENT RESERVED FOR BINDING MARGIN PLAINLY V. S. Mo. 1. Z B

County Washington 1233	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 300
Vittage or City Mary Straing (No. 1)	St.; Ward) [if death occurred to a hospitat or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Junal Phile Single, Marrier Wildles Or Divided OR Divided OR Divided OR Divided OR Divided OR Divided the word)	16 DATE OF DEATH // 29 ,1922 (Month) (Day) (Year) 17 I HEREBY CERTIFY. That I attended deceased from
TAGE (Month) (Month) (Day) (Day)	that I last saw h 10 alive on 1/29 ,1912 and that death occurred on the date stated above, at 10.36 m. The CAUSE OF DEATH * was as follows:
(b) General nature of industry business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	(Buration) yrs mos ds. Contributory Secondary
10 NAME OF FATHER LICEM TEGE 11 BIRTHPLACE OF FATHER (Stato or country) 12 MAIDEN NAME OF MOL 13 BIRTHPLACE OF MOTHER (State or country) 14 MOL 15 BIRTHPLACE OF MOTHER (State or country)	(Signed) S. 4 (Address) M. C. State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. 18 Length of Residence (for Hospitals, Institutions, Transients, or Recent Residents) At place In the of death yrs. mes. de. Stete, yrs. mes. de.
(Informant) Danniel Frebr (Address) Sharfs burg Mod 15 Filed 1/30, 1927 Address	Where was disease confrected, If not et place of death? Former or weual residence 19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER ADDRESS ADDRESS 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House-"Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton write None. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestie service for wages, as Servant, Cook the duties of the household only (not paid Housekeepers of the second statement. mobile factory. is provided for the latter statement; it should be used business or industry, and therefore an additional line especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physitaken to report specifically the occupations of persons know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the applies to each and every person, prespective of age. ness of various pursuits can be known. The question -Coal mine, etc. Statement of Occupation-Precise statement of occupa-Compositor, Architect, very important, so that the relative healthful-For persons who have no occupation whatever The material worked on may form part Women at home, who are engaged in Never return Locomotive engineer, "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospiual fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pnominonia," unqualified, is indefinite); Tuberculosis of lungs menin-

on statement of cause of death approved by Committee and consequences (e. g., sepsis, tetanus) may be stated on Nomenelature of the American Medical Association.) under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably to determine definitely. Examples: Accidental drowning; Struck by railway train—accident; Revolver wound of SUICIDAL, OF HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deaths mus," "Old Age," "Shock," "Uracmia," "Weakness," state MEANS OF INJURY and qualify as ACCIDENTAL, "PUERPERAL perilonilis," etc. State cause for which birth or misearriage as "Purperal septichaemia," etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Maras-"Anaemia" (increly symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia Example: Measles (disease eausing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Always qualify all diseases resulting from child-(secondary), 10 ds. The contributory (secondary or intercur-Never report mere

If the certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. The data is essential and must be obtained before the certificate is permanently filed.

RESERVED

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus: Furmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing death, Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Screant, Cook, ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm luborer, Laborer-Ceal mine, etc. Womer," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; tion applies to each and every person, irrespective of whatever, write Nonc. tired 6 yrs.). to report specifically the occupations of persons enhonsehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the (a) Foreman, (b) Automobile factory. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation - Precise statement of oc-For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Day For persons who have no occupation The material:

spinal meningitis"); Diphtheria (avoid use of "Croup"); EASE CAUSING DEATH (the primary affection with respect Typhoid fever (never report "Typhoid pneumonia"); ferer (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept-Statement of Cause of Death-Name, first, the DISpncumonia, Bronchopneumonia ("Pneumonia,"

> Nomenclature of the American Medical Association.) head of "contributory." ture of the injury, as fracture of skull, and consetrain-accident; Revolver wound of head-honicide; and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF diseases resulting from childbirth or miscarriage as ean be ascertained as the cause. Always qualify all rhage," "Inanition." "Marasmus," "Old Age." "Shock," symptomatic), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," "Anacmia" ary), 10 ds. eausing death), 29 ds.; Bronchopneumonia Asecondstated unless important. use of "Tumor" for malignant neoplasms); Mcastes; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menment of cause of death approved by Committee on quences (e. g., sepsis, tetanus) may be stated under the Poisoned by carbolic acid-probably suicide. The na-Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"Puerperal septicalemia," "Puerperal peritonitis," etc. "Uraemia," "Weaknes:" etc., when a definite disease "Dropsy," "Exhausticn," "Heart failure," "Haemorvnlsions," Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be Whooping cough; FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), Never report mere symptoms or terminal Chronic valvular heart discase; (Recommendations on state-Example: Meastes (disease (merely

the certificate is tions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before If this certificate is looked over thoroughly and all quespermanently filed.

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[Approved by U. S. Censer and American Public Health

especially in industrial employments, it is necessary to applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbusiness, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. engaged in domestie service for wages, as Servant, Cook employed, as At school or At home. Care should be precise spacification as Day laborer, Ferm laborer, Laborer of the second statement. mobile factory. mill; (a) Salesman, (b) Grocery; (a) Forenum, (b) Autois provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the engineer, first line will be sufficient, e. g., Farmer or Planter, Physiwrite None. 6 yrs.). or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers "Foreman," "Manager," "Dealer," etc., without more only when needed. For many occupations a single word or term on the Statement of Occupation - in cise statement of occupa-Cool mine, etc. Housework, or At Home, and children, not gainfully Compositor, Architect, Locomotive engineer, For persons who have no occupation whatever Stationary fireman, etc. But in many cares, The material worked on may form part Women at home, who are engaged in As examples: (a) Spinner, (b) Collon Never return "Laborer," If retired from

Statement of Cause of Death—Name, first, the DISEASE CAUSING NEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia," menin-

cough; Chronic vals-wlar heart disease; Chronic interstitial ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of..... "Anaemia" (merely symptomatic), "Atrophy,' lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 da. Example: Measles (disease eausing death), 29 ds.; nephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of surgical operation was undertaken. For violent deates "PUERPERAL peritonikis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shook," "Uraemia," "Weakness, "Heart failure," "Haemorrhage," "Insnition," "Marasrent) affection need not be stated unless important. on Nomenelature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." and consequences (c. head-homicide; Poisoned by carbolic Struck by railway train—accident; Revolver wound to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, birth or miscarriage genital," "Senile," etc.), "Dropsy," Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull The contributory (secondary or intercurg., sepsis, telanus) may be stated 20 "PUERPERAL septichuemia," State cause for which Never (Recommendations "Atrophy," acid-probably "Exhaustion, report mere ("Con-Bron-

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BINDING

(Approved by U. S. Census and American Public Health Association.)

gaged in domestic service for wages, as Servant, Cook, ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter eupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus: Farmer (restate occupation at logimning of Illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been chauged to report specifically the occupations of persons enwork, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer. tion applies to each and every person, irrespective of fulness of various pursuits can be known. tired 6 yers.). For persons who have no occupation (a) Foreman, (b) Automobile factory. Statement of Occupation-Precise statement of oc-For many occupations a single word or term on without more precise specification as Day -Coal mine, etc. Wom-The material

Statement of Cause of Death—Name, first, the disease causing depart (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia."): Lobar pneumonia, Bronchopneumonia ("Pneumonia.")

diseases resulting from childbirth or miscarriage as ean be ascertained as the cause. Always qualify all symptomatic), "Atrophy," "Collapse," conditions, such as "Asthenia," "Araemia" ary), 10 ds. Never report mere symptoms or terminal eausing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcona, etc., of unqualified, is indefinite); Tuberculosis of lungs, menment of cause of death approved by Committee on head of "contributory." quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse train-accident: Revolver wound of head-homicide; as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF taken. For VIOLENT BUATHS State MEANS OF INJURY State cause for which surgical operation was under "Puerpenal soplicaemia." "Puerpenal peritonitis," etc. "Uraemia," "Weaknes.." etc., when a definite disease rhage." "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure." Chronic interstitial nephritis, etc. (name origin; "Cancer" is less definite; avoid Nomenclature of the American Medical Association.) Poisoned by carbolic acid-probably suicide. The na-Examples: vulsions." (secondary or intercurrent) affection need not be Whooping cough; "Debility" Accidental drowning; Struck by railway Chronic valvular heart discase; ("Congenital," "Sonile," etc.), (Recommendations on state-The contributory "Coma," "Con-"Haemor (second-(disease (merely

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BINDING

FOR

STATE OF MARYLAND

(Approved by U. S. Census and American Public Health Association.)

tircd 6 yrs.). state occupation at beginning of illness. If retired from whatever, write None. business, that fact may be indicated thus: Farmer (reor given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborerer," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealworked ou may form part of the second statement Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queseupation is very important, so that the relative health-(a) Foreman, (b) Automobile factory. The material Statement of Occupation-Precise statement of oc-For many occupations a single word or term on or At Home, and children, not gainfully em-For persons who have no occupation -Coal minc, etc. Wom-

Statement of Cause of Death—Name, first, the pisease eausing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite syuonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"): Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

use of "Tumor" for malignaut ueoplasms); Measies; unqualified, is indefinite); Tuberculosis of lungs, men-Nomenclature of the American Medical Association.) ment of cause of death approved by Committee ou head of quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or Homicidal, or State cause for which surgical operation was under "Puerperal septicuemia." "Puerperal peritonitis," etc. diseases resulting from childbirth or miscarriage as eau be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age." "Shock," "Dropsy," "Exhausticn," "Heart failure," "Hacmorsymptomatie), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," "Anaemia" ary), 10 ds. causing death), 29 ds.; Bronchopneumonia stated unless important. (secondary or intercurrent) affection need Chronic interstitial nephritis, etc. The contributory ingles, peritonaeum, etc., Carcinoma, Sarcoma, etc., of vulsions." Whooping cough; Chronic valvulur heart disease; (name orlgin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS STATE MEANS OF INJURY "contributory." "Debility" ("Congenital," "Scuile," etc.), Never report mere symptoms or (Recommendations on state-Example: Measles Always qualify all terminal (second-(disease (merely not be "Con-

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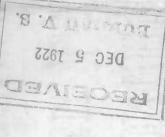
(Approved by U. S. Census and American Public Health Association.)

Housemaid, etc. whatever, write Nonc. tired 6 yers.). For persons who have no occupation husiness, that fact may be indicated thus: Farmor (restate occupation at beginning of illness. If retired from or given up on account of the misease causing peart, gaged in domestic service for wages, as Screent, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer. Euran laborer, Laborer-Coal mine, etc. Wom. Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement (a) Foreman, (b) Automobile factory. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary premen, etc. But Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, eases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation Precise statement of ocetc., For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Day If the occupation has been changed As examples: (a) The material

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corcbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of quences (e. g., sepsis, tetanus) may be stated under the Examples: Accidental drowning: Struck by railreay as probably such, if impossible to determine definitely and qualify as Accidental, Suicidal, or Homicidal, or State cause for which surgical operation was under-"Uraemia," "Weakms." rhage," "Inanition" "Marasmus," "Old Age," "Shock," symptomatle), "Atrophy." "Collapse," conditions, such as "Asthenia." ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.: Bronchopneumonia stated unless important. Poisoned by carbolic acid-probably suicide. The natrain-accident: Revolver wound of head-homicide; taken. For violent practic state means of injury "Puerperal septicaemic." Puerpinal peritonitis," diseases resulting from childbirth or misearriage as can be ascertained as the cause. Always qualify all "Dropsy." "Exhaustion." "Heart vulsions." Chronic interstiffed nephritis, etc. use of "Tumor" for malignant neoplasms); ingen, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; (mame orighn; "Cancer" is less definite; avoid "contributory." the injury, as fracture of skull, and conse-"Debility" ("Congenital," "Senile," etc.), (R commendations on stateetc., when a definite disease Example: Measles "Anaemia" failure." "Haemor-The contributory "Coma," Measles; (second-(merely (disease "Conetc.

If this certificate is 15 ked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WITH UNFADING INK-THIS IS A PERMANENT BINDING FOR RESERVED MARGIN PLAINL V. S. No. 1.

Village or City Collewsville (No. 1233)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 30 2 St.; Ward) [If death occurred in a hespital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White Strike WIDOWED OR DIVORCED (Write the word)	18 DATE OF DEATH PHOTO 30, 1982
8 DATE OF BIRTH (Month) (Day) (Year)	that I last saw her alive on 1000 30, 1982
FAGE If LESS than 1 day, hrs. or min.?	and that death occurred on the date stated above, at 5 Pm. The CAUSE OF DEATH is was as follows:
(b) General nature of Industry Dusiness, or establishment in which employed (or employer) BIRTHPLACE (State or country)	(Ourellen) Tyra. J. mee. de.
10 NAME OF FATHER CALLEL. Krouse 11 BIRTHPLACE OF FATHER (State or country) Car Cave Town M 12 Maiden NAME OF MOTHER OF MOTHER OF MOTHER OF MOTHER	(Signed)
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informani) Harry Kendal	Where was disease centracted, If not el pieca of death? Fermer or usuel residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
FRed De / 1972 Justina Thursias REGISTRAR	20 UNDERTAKER Sev. B. Hoover Smithsburg 1811 18 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House-"Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer mobile factory. mill; (a) Salesman, (b) Groeery; (a) Foreman, business or industry, and therefore an additional line especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiness of various pursuits can be known. The question write None. Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook. taken to report specifically the occupations of persons the duties of the household only (not paid Housekeepers of the second statement. know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the applies to each and every person, irrespective of age--Coal mine, etc. Statement of Occupation-Precise statement of occupavery important, so that the relative healthful-The material worked on may forin part Women at home, who are engaged in Never return "Laborer," If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Preumonia,"); Lobar indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations EVICINAL, OF HOMICIDAL, OF as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL. surgical operation was undertaken. For violent deaths birth or miscarriage as "Puerperal septiehuemia," "Puerperal peritonitis," etc. State cause for which mus," "Old Age," "Shock," "Uramia," "Weakness," symptoms or terminal conditions, such as "Asthenia," cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping on statement of cause of death approved by Committee and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound etc., when a definite disease can be accertained as the "Heart failure," "Heemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," lapse," "Coma," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conchopneumonia Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important nephritis, etc. Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull (secondary); 10 ds. The contributory (secondary or intorcur-Never report mere "Exhaustion,"

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WN 2 1928

MARGIN RESERVED FOR BINDING

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C	PLACE OF DEATH 12337	STATE OF MARYLAND CERTIFICATE OF DEATH
Villa	age or City Hageistown (Nash, G	Registration Dist. No. 3. C.2. Ward) No. 3. C.2. Ward) No. 3. C.2. If death occurred in a hospital or institution, give its NAME instead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 S	enale white Single, Markiel Wildoweld White Wildoweld Write the word) ATE OF BIRTH	16 DATE OF DEATH (Month) (Day), (Year) 17 I HEREBY CERTIFY, That I attended the deceased from (Wounder 5, 1922, to Warneley 6, 1922.
	(Month) (Day) (Year)	that I last aaw h Analiva on 192.2,
7 AG		and that death occurred on the data stated above, at
	47 8 20 Idayhrs.	The CAUSE OF DEATH & was as follows:
(a	CCUPATION) Trade, profession or articular kind of work Nouse Mouse M	(Georlia)
bu) General nature of industry usiness, or establishment in hich employed or (employer)	
promotion	RTHPLACE (State or country)	Contributory
	10 NAME OF FATHER	(Signed) (Duration) yrs. mos. de.
ARENTS	11 BIRTHPLAGE OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
PAR	12 MAIDEN NAME OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	13 BIRTHPLACE OF MOTHER (State or country)	:ents, or Recent Residents) At place In the of death yrs mos da. State, yrs mos da.
14 T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
	(Informant) My W Kendle	Former or usual residence
15	(Address) Alason - Dison R & 1	PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	iled Nov 7 1922 & M White Registrar	20 UNDERTAKER JADDRESS L. 7. Rucher tunkatoun Md
	If more blanks are needed, address State Registrar.	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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ECO 1D

Jan

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

Claborer, Farm laborer, Laborerworked on may form part of the second statement. er," etc., Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it and the business or industry, and therefore an cases, especially in industrial employments, it is necesstate occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (re-Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, or given up on account of the misease causing Death, the first line will be sufficient, e. g., Farmer or Plunter, fulness of various pursuits can be known. The quesenpation is very important, so that the relative healthtired 6 yrs.). For persons who have no occupation gaged in domestie service for wages, as Servant, Cook, ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of whatever, write None. to report specifically the occupations of persons enwork, or At Home, and children, not gainfully emhonsehold only (not paid Housekeepers who receive a Housemaid, etc. If the occupation has been changed Statement of Occupation-Precise statement of oc-Foreman, (b) Automobile factory. For many occupations a single word or term on without more precise specification as Day Coal minc, etc. Wom-The material

zspinal meningitis"); Diphtheria (avoid use of "Cronp"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," fever (the only definite synonym is "Epidemie cerebroed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept-, EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS-

> rhage," "Inanition." "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), conditions, such as "Asthenia," "Anaemia" causing death), 29 ds.; Bronchopneumonia stated nnless important. Example: Measles nse of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men quences (e. g., sepsis, totanus) may be stated under the thre of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railreay as probably such, if impossible to determine definitely. and qualify as Accidental, suicidal, or Homicidal, or "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Dropsy," "Exhaustion," "Heart failure." "Haemorvulsions." ary), 10 ds. (secondary or interenrent) affection need not be Chronic interstitial nephritis, etc. The contributory Nomenclature of the American Medical Association.) ment of canse of death approved by Committee on State canse Whooping cough; of "contributory." For VIOLENT DEATHS STATE MEANS OF INJURY for which surgical operation was under-Never report mere symptoms or terminal Chronic valvular heart disease; (Recommendations on state-"Coma," Meastes; (disease (second-(merely

tions answered in detail, it will prevent further correspondthe certificate is permanently filed If this certificate is looked over thoroughly and all ques-All the data is essential and must be obtained before

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(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Furmer (restate occupation at beginning of illness. If retired from or given up on account of the Disease Causing DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealto report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a laborer. Farm laborer, Laborer-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an worked on may form part of the second statement. sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer. Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Plantor, tion applies to each and every person, irrespective of cupation is very important, so that the relative health (a) Foreman, (b) Automobile factory. The material fulness of various parsnits can be known. Statement of Occupation Precise statement of oc-For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Day -Coal mine, etc. Wom-As examples: (a) The ques

Statement of Cause of Death—Name, first, the pistase causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia")

head of "contributory." (Recommendations on state-Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on quences (e.g., sepsis, tetanus) may be stated under the and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF diseases resulting from childbirth or misearriage as rhage." "lnanition." "Marasınus," "Old Age." "Shock," symptomatic), "Atrophy." "Collapse," conditions, such as "Asthenia," "Anaemia" (merely ary), 10 ds. Never report mere symptoms or terminal unqualified, is indefinite); Tuberculosis of lungs, menture of the injury, as fracture of skull, and consetrain-accident; Revolver mound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely, taken. For VIOLENT DUATHS state MEANS OF INJURY State cause for which surgical operation was under "PUERPERAL septicaemic." "PUINFIRAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Dropsy," "Exhausticn," "Heart failure." "Haemor rulsions." "Debility" ("Congenital," "Scnile," etc.), causing death), 29 ds.; Bronchopneumonia stated unless important. Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms): Measles, inges, peritonacum, etc., Carcinomo, Sarcoma, etc., of Poisoued by carbol'e acid-probably suicide. The na-"Uraemia," "Weaknes:" etc., when a definite disease (mame origin; "Cancer" is less definite; avoid (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular Example: Measles (disease heart discase; "Coma," "Con-(second-

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	Mark ceta	STATE OF MARYLAND CERTIFICATE OF DEATH
	County Vanua Jac	Registration Dist. No. 30%
Vil	Plage or City Hayeesture (No MMM)	Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
9 1 14	SEX COLOR OR RACE SINGLE, MARRIED, WIDOWED OR DIVORCED OR DIVORCED OR DIVORCED OR DIVORCED (Write the word) COLOR OF BIRTH Color C	(Signed) Contributory Secondary (Duration) (Duration) (Contributory Secondary (Contributory (Contributory (Contributory (Contributory (Contributory (Contributory (Contributory (Contrib
15	Filed nov 18 1925 Joshua Thomas Registrar	20 UNDERTAKER ADDRESS LAGUELTURA
	If more blanks are needed, address State Registrar.	16 W. Saratoga St., Balto Requesting V. S. No. 1. U.S.

2339

(Approved by U. S. Census and American Public Health Association.)

ployed, as At school or At home. Care should be taken whatever, write None. tired 6 yrs.). business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the Disease Causing DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servent, Cook, to report specifically the occupations of persons enwork, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, laborer, Farm laborer, Laborer-Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotice engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation - Precise statement of oc-Foreman. (b) Automobile factory. The material For many occupations a single word or term on without more precise specification as Day who are engaged in the duties of the For persons who have no occupation

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"): Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

ment of cause of death approved by Committee on head of "contributory." quences (e.g., sepsis, telanus) may be stated under the ture of the injury, as fracture of skull, and consetrain-accident: Revolver wound of head-homicide; as probably such. If impossible to determine definitely and qualify as Accidental, Suicidal, or Homicidal, or symptomatic), "Atrophy." "Collapse," conditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or eausing death). 29 ds.; Bronchopneumonia stated unless important. inges, peritonavum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Nomendature of the American Medical Association.) Poisoned by carbol's acid-probably suicide. The na-Examples: Accidental drowning; taken. For violent beattle state means of injury State cause for which surgical operation was under-"Puerperal septicucmic." "Puerperal peritonitis," diseases resulting from childbirth for miscarriage as can be ascertained as the cause. "Uraemia," "Weaknes ." etc., when a definite disease rhage," "Inamition" "Marasmus," "Old Age." "Shock," "Dropsy," "Exhaustion," "Heart vulsions." (secondary or intercurrent) affection need notabe Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid Whooping cough: "Debility" Chronic valvulur heart disease; ("Congenital," "Senile," etc.), (R commendations on state-Example: Meastes failure." Struck by railway Always qualify all "Coma." "Haemor" terminal (merely (second-(disease "Conerc.

If this certificate is 10 sked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

DEC 2 1922

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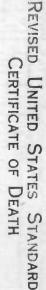
PHYSI.

	PLACE OF DEATH
Co	ounty Washington 12340
GRA	TE LIMITE OF //
Villa	age or City Haglistuw (No. W. F.
	40 - 2 7/
	² FULL NAME / STATES G / 11
	PERSONAL AND STATISTICAL PARTICULARS
3 8	
n	Tale White Wildweb Or Divorces (Write the word)
6 D.	ATE OF BIRTH
	· Dept, 31, 1820.
7 AG	(Monyh) (Day) (Year)
	I dayhrs.
	yrs
(a	Trade, profession or
	articular kind of work.
bu	usiness, or establishment in
	hich employed or (employer)
	(State or country) Md
	10 NAME OF FATHER
13	II BIRTHPLACE S AM S
ARENTS	(State or country)
PAR	OF MOTHER
	18 BIRTHPLACE OF MOTHER A A
14 T	(State or country) HE ABOVE IS TRIE TO THE BEST OF MY KNOWLEDGE
	(Informant) Mrs Glo & Rune F
	(Address) Haghsturen
15	many had the
F	iled nor 1922 Joshua Thomas Rogistrar

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 30 (If death occurred in a hospital or Institution, give Its NAME instend of street number.) MEDICAL CERTIFICATE OF DEATH DATE OF DEATH (Month) (Day) I HEREBY CERTIFY, That I attended the deceased from at I last saw halive on. nd that death occurred on the date stated above, at. he CAUSE OF DEATH & was as follows: Contributory Secondary (Address). *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. LENGTH OF RESIDENCE (For Hospitals, Institutions, Translents, or Recent Residents) In the yrs mos.....da. State, yrs. mos. da. here was disease contracted, not at place of death?...... rmer or ual residence. BURIAL OR REMOVAL ADDRESS NDERTAKER

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto, Requesting V. S. No.



(Approved by U. S. Consus and American Public Health Association.)

whatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school or At home. Care should be taken en at home, who are engaged in the duties of the gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewift, House-Never return "Laborer," "Foreman," "Manager," "Dealhousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Womworked on may form part of the second statement. (a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary premen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Day As examples: (a)

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercurospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

head of "contributory." (R-commendations on statequences (e. g., sepsis, tetanus) may be stated under the Nomenelature of the American Medical Association.) ment of cause of death approved by Committee on ture of the injury, as fracture of skull, and conse-Poisoned by carbalic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL SUICIDAL, OF HOMICIDAL, OF taken. For yourne matter state means of injury State cause for which surgical operation was under-"Puerieral septicaemic." "Puerpural peritonitis." diseases resulting from childhirth or misearriage can be ascertained as the cause. Always qualify ali "Uraemia," "Weaknes " etc., when a definite disease rhage," "luanition" "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion." "Heart vulsions." symptomatle), "Atrophy." "Collapse," "Coma," conditions, such as "Asthenia," "Anaemia" ary), 'W ds. causing death), 29 ds.; Bronchopneumonia stated unless important. inges, peritonarum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is iess definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); (secondary or intercurrent) affection need Whooping cough; Chronic valvulur heart disease; "Debility" ("Congenital," "Senile," etc.), Never report mere symptoms or Example: Measles failure." "Haemor-Measles; terminal (second-(disease (merely not be

If this certificate is 10 ked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.--Every Item of primation ould be carefully supplied ACE should be a XACTLY, PHYSI-CIANS should have CAUSEOF DEATH in plain terms so that it may be proper chastigad. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

PLACE OF DEATH / 128	STATE OF MARYLAND
County Stashwyling	CERTIFICATE OF DEATH
County	Registration Dist. No.
1 Cancoa 6 (No.	St.; Ward) (If death occurred in a hospital or institu-
/illage or City (No. (No.	1 - 1 make of street and
2 FULL NAME Outher ene QU3.	abith Miglehan. number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEX 4 COLOR OR BACE 5 SINGLE, C	16 DATE OF DEATH
WIDOWED OR DIVORCED	(Month) (Day) , 1822
(Write the word)	17 I HEREBY CERTIFY, That I attended the deceased from
S DATE OF BIRTH	192 7, to 192 7, to 192
(Month) (Day) (Year)	that I last saw he alive on A 177
(Month) (Day) (Year) AGE If LESS than	and that death occurred on the date stated above, at
1 dayhrs.	The CAUSE OF DEATH & was as follows:
yrsmosds.lor min. ?	Lyama Jamejon
8 OCCUPATION (a) Trade, profession or	
particular kind of work	
(b) General nature of industry business, or establishment in	
which employed or (employer)	Contributory
9 BIRTHPLACE (State or country)	(Duration)
10 NAME OF A COL	(Signed) Levoge legers M. D.
FATHER POIL MY, seehan	mile & Haward md
H BIRTHPLACE OF FATHER HOLD CO.	*State the Disease Causing Death, or, in deaths from
(State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
OF MOTHER TO TAKE THE MENT OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ents, or Recent Residents) At place
OF MOTHER (State or country) austrus	of death yrsmosda. State,yrsmosda. Where was disease contracted.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informan) leil III %. Selhan	Former or usual residence
Hanger 16 med	19 PLACE OF BURIAL OR REMOVAL SATE OF BURIAL
(Address)	Hoan Cock my 11/2 1922
15 18 18 may 18 1 quellent	20 UNDERTAKER ADDRESS
Filed 192 Registrar	VA Cultures Hancocil de
If were blanks are peeded address State Registrar.	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

KEVISED ERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

gaged in domestic service for wages, as Servant, Cook. ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House en at home, who are engaged in the duties of the er," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Crocery; should be used only when needed. As examples: (a) additional line i. provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in incustrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applie to each and every person, irrespective of fulness of variou pursuits can be known. The quescupation is very important, so that the relative healthbusiness, that fact may be indicated thus: Farmer (restate occupation at beginning of Illness. If retired from to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a laborer, Ferm laborer, Laborerworked on may form part of the second statement Civil engineer, Stationary firemen, etc. But in many whatever, write None. or given up on account of the DISEASE CAUSING DEATH, (a) Foreman, (b) Automobile factory. tired 6 yes.). For persons who have no occupation Housemaid, etc. If the occupation has been changed Statement of Occupation-Precise statement of oc-For many occupations a single word or term on or At Home, and children, not gainfully em--Coal mine, etc. Wom-The material

EASE CAUSING DEATH (the primary affection with respect Lobar pneumonia, Bronchopneumonia ("Pneumonia Typhoid fever (never report "Typhoid pneumonia"); spinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebro ed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept-Statement of Cause of Death-Name, first, the Dis-

> conditions, such as "Asthenia," "Anaemia" ary), 30 ds. Never report mere symptoms or terminal quences (e. g., sepsis, tetanus) may be stated under the as probably such, if impossible to determine definitely and qualify as Accidental, Suicidal, of Homicidal, or taken. For VIOLENT DEATHS State MEANS OF INJUBY diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uracmia," "Weaknes:" etc., when a definite disease rhage," "Inanition" "Narasmus," "Old Age," "Shock," "Dropsy," "Etheustion," "Heart failure." "Haemor symptomatic), "Atrophy," "Collapse," "Concausing death), 29 ds.; Bronchopneumonia stated unless important. Chronic interstitiul nephritis, etc. The contributory use of "Tumor" for malignant neoplasms) ingen, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menment of cause of death approved by Committee on head of "contributory." (Recommendations on stateture of the injury, as fracture of skull, and conse Examples: Accidental drowning; Struck by railway State cause for which surgical operation was under-"Puerperal sepiicaemia," "Puerperal peritonitis," vulsions," Poisoned by carbolle acid-probably suicide. (secondary or intercurrent) affection need not be Whooping cough; Chronic valvulur heart Nomenclature of the American Medical Association.) .. (name origin; "Cancer" is less definite; avoid -accident; Revolver wound of head-homicide, "Debility" ("Congenital," "Senile," etc.), Example: Measles (disease The na-Measics; (seconddiscase; (merely

tions answered in detail, it will prevent further correspondence. All the data is essential and marketing and all ques-

the certificate is permanently filed

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N. B.

1 PLACE OF DEATH	STATE OF MARYLAND
Mastington 10010	CERTIFICATE OF DEATH
12342	(129) Registration Dist. No. 30
Village or City Vancoch R. F.J. (No. ,	St; Ward) (If death occurred in a hospital or institu-
2 FULL NAME Societime	tion, give its NAME instead of street and number.)
	Media
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED	(Month) (Day) (Year)
(Write the word)	17 I HEREBY CERTIFY, That I attended the deceased from
21 3/ 2	1922, to Nov. 30, 1922.
1 aven 3/ 1872	that I last saw het alive on 747, 29 , 1923,
(Month) (Day) (Year)	and that death occurred on the date stated above, at 2,30 2, m.
If LESS than I dayhrs.	The CAUSE OF DEATH & was as follows:
yrs. J. mos. ds. or min. ?	
8 OCCUPATION	Chronic / ephritio
(a) Trade, profession or particular kind of work.	
(b) General nature of industry business, or establishment in	
which employed or (employer)	(Duration)yrs
9 BIRTHPLACE (State or country) Maryland	Contributory Secondary
10 NAME OF	
FATHER Denton-Mann	(Signed) M. D.
11 BIRTHPLACE	Not. 36 1922 (Address) wey Jake Me
11 BIRTRPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER Jarah ann Scott	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients, or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country) Manyland	At place In the of death yrs. mos. da. State, yrs. mos. da.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Thomas Mann	Former or usual residence.
me There - 1 ml P7A	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)	Bucs Colley Da Dre 2 1927
Filed 12/ 192 x 10 Deuttins	20 UNDERTAKER ADDRESS
Registrar	Ship Smith July 18
If more blanks are needed, address State Registrar.	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. ('ensus and American Public Health Association.)

state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, ployed, as At school or At home. Care should be taken Whatever, write Nonc. tired 6 yrs.). business, that fact may be indicated thus: Farmer (re-Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Screant, Cook, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never returu "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, definite salary), may be entered as Housewife, House cn at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womshould be used only when uceded. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in Industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very Important, so that the relative health Statement of Occupation-Precise statement of oc Foreman, (b) Automobile factory. The material etc., without more precise specification as Day or At Home, and children, not gainfully em-For many occupations a single word or term on For persons who have no occupation The ques

Statement of Cause of Death—Name, first, the pisease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite syuonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"): Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

10 10

head of "contributory." (Recommendations on statequences (e. g., sepsis, tetanus) may be stated under the Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF taken. For violent deaths state means of injury State cause for which surgical operation was under-"Puerperal septicaemia." "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy." "Exhaustion," "Heart failure." symptomatic), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," "Anacmia" (merely ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia stated unless important Chronic interstitial nephritis, etc. The contributory use of "Timor" for malignant neoplasms); Meastes; inges, peritonarum, etc., Carcinoma, Sarcoma, etc.. of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menvulsions," (secondary or intercurrent) affection need not be Whooping cough; "Debility" ("Congenital," "Senile," etc.), Chronic valvular heart disease; Example: Measles Always qualify all "Hacmor-(discase (second-

If this certificate is looked over thoroughly and all questions-answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact atatement of OCCUPATION is very important. See instructions on back of certificate. E PLAINLY, WITH UMFADING INK-THIS IS A PERMANENT REC BINDING FOR RESERVED Z WR V. S. No. 1.

PLACE OF DEATH	STATE OF MARYLAND
County Washington 12343	CERTIFICATE OF DEATH
PORATE LIMITE OF 1	Registration Dist. No. 302
Village or City Maglislawnens Cart	st.; 5 Ward) [If death occurred in a hospital or institution, give its NAME instead of streef and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX COLOR OR RACE SINGLE MARRIED, WIDOWED OR DIVORCETURALE WITH (Write the word)	16 DATE OF DEATH Month Day (Year) 17 HEREBY CERTIFY. That attended deceased from
Month) (Day) 1922	Nov 21 ,1912, to Nov 21 ,1912, that I last saw h. On alive on Nov 21 ,1922,
7 AGE If LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at 12 m. The CAUSE OF DEATH $*$ was as follows:
8 OCCUPATION (a) Trade, prefession, or particular kind of work (b) General nature of industry	Come unknown
business, or establishment in which employed (or employer)	(Duration) yrs mos ds.
9 BIRTHPLACE (State or country)	Secondary
10 NAME OF PATHER R. Alarmaduke	(Signed) Dy D Listin M 0.
Z OFFATHER (State or country)	*State the DISEASE CAUSINO DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.
Maiden Name Hargary Slick 13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
OF MOTHER (State or country)	At place is the of deathyrsmosds. \$tats,yrsmosde.
(Informaci) W A Marmadula	Where was disease contracted, If not at place of death ?
(Address) Hagerstown Wd	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 123, 142
Fled nov 21, 1942 Joshua Thomas REGISTRAR	Watkin Minnel Lay, Md,
If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Cennus and American Public Health
Association.]

state occupation at beginning of illness. write None. business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers taken to report specifically the occupations of persons who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm loborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-Compositor, For persons who have no occupation whatever, If the occupation has been changed Architect, Locomotive engineer, If retired from The question (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ccrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhood fever (never report "Typhoid pneumonia"); Lobar meningina. Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meningent to the propert of the preumonia indefinite); Tuberculosis of lungs, meningent to the preumonia of the preumonia indefinite); Tuberculosis of lungs, meningent to the preumonia of the preumonia indefinite).

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by carbolic acid-Struck by railway train-accident; Revolver SUICIDAL, or HOMICIDAL, or as probably such, if impossible state means of injury and qualify as surgical operation was undertaken. For VIOLENT DEATHS "PUERPERAL peritonitis," etc. State cause for which "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," to determine definitely. Examples: Accidental drowning: birth or miscarriage as "PUERPERAL septichaemia," etc., when a definite disease can be ascertained as the cause. genital," "Senile," etc.), symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. cough; Chronic valvular heart disease; Chronic interstitiat "Anaemia" (merely symptomatic), Example: Measles (discuse causing death), 29 ds.; Bronrent) affection need not be stated unless important ges, perilanaeum, etc., Carcinoma, Sarcoma, etc., of nephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of Always qualify all diseases resulting from child-"Coma," "Convulsions," The nature of the injury, as fracture of skull The contributory (secondary or intercur-"Dropsy," "Debility" Never report mere "Atrophy," "Exhaustion," ACCIDENTAL, mound -probably ("Con-

If this certificate is looked over thoroughly and all questions answered im detail, it will prevent further correspondince. All the data is essential and must be obtained before the certificate it beamanently filed.

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PHYSI-

PLACE OF DEATH 12344	STATE OF MARYLAND CERTIFICATE OF DEATH
1	Registration Dist. No. 31/2
Village or City Kynclys velland 2 FULL NAME Office W Mi	St.; Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Aald Hule Single, MARRIED, WHOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
6 DATE OF BIRTH	192 , to , 192
7 AGE (Month) (Day), 1846. (If LESS than	and that death occurred on the date stated above, at
76 yrs 3 mos 10 ds or min.?	The CAUSE OF DEATH & was as follows:
8 OCCUPATION (a) Trade, profession or Patient Harmor (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	(Duration) yrs mos de. Contributory
11 BIRTHPLACE OF FATHER (State of country) 12 MANDEN NAME OF MOTHER OF MOTHER OF MOTHER OTHER OF MOTHER OF MOTHER OTHER	(Signed) M.D. M.D. M.D. State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients, or Recent Recidents) At place of death yrs mos da. State, yrs mos da.
(Informant) True to THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Address) Kurdysville Mol	19 PLACE OF BURIAL OR REMOVAL EATE OF BURIAL Canady Swill Med 1/2 16 ,1922
File Mou 14 1922 18 Technique	CL Dimant Co Kag describle

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of iliness. If retired from or given up on account of the disease causing death, gaged in domestic service for wages, as Servant, Cook, Whatever, write None. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., without more precise specification as Day laborer, Farm laborer, Laborer-Coal mine, etc. Wom-Never return "Laborer," "Forcman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; worked on may form part of the second statement. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an (a) Foreman, (b) Automobile factory. The material sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

ment of cause of death approved by Committee on head of quences (e. g., scpsis, tetanus) may be stated under the Poisoned by curbolic acid-probably suicide. Nomenciature of the American Medical Association.) ture of the injury, as fracture of skull, and consetrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or Homicidal, or State cause for which surgical operation was under-"PUERPERAL scp.'icaemia,""PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weaknes:," etc., when a definite disease rhage," "Inanition," "Marasmus," "Old Age." "Shock," symptomatic), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," "Anaemia" "Dropsy," "Exhausticn," "Heart failure," "Haemorvulsions," ary), 10 ds. causing death), 29 ds.; Bronchopneumonia stated unless important. use of "Tumor" for malignant neoplasms); Measles; (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. (name origin; "Cancer" is less definite; avoid inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; Chronic valvulur heart disease; For VIOLENT DEATHS State MEANS OF INJURY "eoutributory." "Debility" ("Congenital," "Senile," etc.), Never report mere symptoms or terminal (Recommendations on state-Example: Measles Always qualify all The contributory The na-(merely (disease (second-

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PHYSI-

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and number,)

DATE OF BURIAL

ADDRESS

MEDICAL	CERTIFIC	CATE OF	F DEATH	
16 DATE OF DEATH	Nov	~ /	18	, 192
		uth)	(Day)	(Year)
Oct. 15	192 7, to	760	11/4	y, 192.7.
that I last saw h.				
and that death occurred	on the dat	e stated	above, at	4m
The CAUSE OF DEATH	was as fo	llows:		
	•••••		•••••	·····
	(Durati	on)	.yrs	mosds
Contributory Secondary (Signed)	- 1	ion)	,yrs	mos de
*State the Disease Violent Causes, state Accidental, Suicidal of	se Causing	Death,		
18 LENGTH OF RESID		r Hospits	ds, Institu	tions, Trans.
At place of death yrsmos	da.	In the State, .	yra,	. mos de
Where was disease contracted if not at place of death?	1,	agogenegy s no tree selled	ram sistema de 5 fro 4 fro 4 fro 7	

PLACE OF BURIAL OR REMOVAL

If more blanks are needed, address State Registrar. 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

20 UNDERTAKER

10

(Approved by U. S. Ceusus and American Public Health Association.)

business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing drath. gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a Whatever, write None. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it worked on may form part of the second statement. (a) Foreman, (b) Automobile factory. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health Physician, Compositor, Architect, Locomotive chaincer, fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc For many occupations a single word or term on W.8.). without more precise specification as Day For persons who have no occupation -Coal minc, etc. Wom-As examples: (a) The material But in many

Statement of Causo of Death—Name, first, the pre-Ease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corobrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meuingitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"): Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> head of "contributory." Nomenclature of the American Medical Association.) ment of cause of death approved by Committee quences ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid—probably suicide. Examples: Accidental drowning; Struck by railreap as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or homicidal, or taken. For violent plates state means of injury State cause "Puerperal septicaemia." "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weeknes:" etc., when a definite disease rhage," "Inanition." "Marasnus," "Old Age." "Shock," "Dropsy," "Exhaustien." "Heart failure." symptomatic), "Atrophy," "Collapse," conditions, ary), 10 ds. Never report mere symptoms or terminal stated unless important. Example: Measles vulsions," causing death), 29 ds.; Bronchopneumonia Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; (secondary or intercurrent) affection need not be inges, peritonarum, etc., Carcinoma, Surcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; Chronic valvulur heart disease; -accident; Revolver wound of head-homicide; .. (mame origin; "Cancer" is less definite; avoid (e. g., sepsis, tetanus) may be stated under the "Debility" ("Congenital," "Senile," etc.), such as "Asthenia," for whiel: surgical operation was under-(Recommendations on state-"Anaemia" Always qualify all "Coma." "Haemor-(seeond-(disease (merely

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the cartificate is permanently filed.

PLACE OF DEATH	STATE OF MARYLAND
County Magnington 12346	CERTIFICATE OF DEATH
la l	Registration Dist. No
Village or City A Charmen, , , , , , , , , , , , , , , , , , ,	St.; Ward) (If denth occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
6 DATE OF BIRTH	
Man 24, 1922 (Month) (Day) (Year)	that I last saw ham alive on
7 AGE If LESS than	and that death occurred on the date stated above, at
I dayhrs.	The CAUSE OF DEATH & was as follows:
8. OCCUPATION	To Minimorala
(a) Trade, profession or particular kind of work	stoucho Presumonia.
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrsmosde,
9 BIRTHPLACE (State or country) And	Contributory Secondary (Durgion) A, yrs f mos. de.
10 NAME OF RIChard Mills	(Signed) TIMY () HOUT M.D.
11 BIRTHPLACE OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether
12 MAIDEN NAME OF MOTHER HOTA Swandell	Aecidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients, or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country)	At place In the of death yrs. mos. ds. State, yrs. mos. da.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Richard Mills	Former or usual residence
(Address) bleaspanny	19 PLACE OF BURIAL OR REMOVAL THE OF BURIAL NEW 16, 1922
Filed NOD 13, 1922 Martin Boners	20 UNDERTAKERY ADDRESS RELEASEMENTS
of more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces Civil engineer, Stationary fremen, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative healthhousehold only (not paid Housekeepers who receive a en at home, who are eugaged in the duties of the er," ctc., without more precise specification as Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it tired 6 business, that fact may be indicated thus: Farmer (restate-occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House laborer; Farm laborer, Laborer-Coal mine, etc. Womnature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Whatever, write None. (a) Foreman, (b) Automobile factory. The material Statement of Occupation-Precise statement of oc For many occupations a single word or term on GI. yrs.). At Home, and children, not gainfully em-For persons who have no occupation Day

Statement of Cause of Death—Name, first, the disease causing dearm (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"): Lobar pneumonia, Bronchopneumonia ("Pheumonia,"

conditions, such as "Asthenia," ary), 10 ds. Never report mere symptoms or terminal stated unless important. Example: Measles use of "Tumor" for malignant neoplasms); Measles; and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF discases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all rhage." "Inanition." "Marasmus," "Old Age." "Shock," symptomatic), "Atrophy," "Collapse," causing death), 29 ds.; Bronchopneumonia Chronic interstitial nephritis, etc. The contributory inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menment of cause of death approved by Committee on head of "contributory." quences ture of the injury, as fracture of skull, and consetrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely State cause "Puerpenal septicaemia." "Puerpenal peritonitis," "Dropsy." "Exhaustion." "Heart failure." vulsions," (secondary or intercurrent) affection need Whooping cough; Chronic valvular heart disease; (name origin; "Cancer" is less definite; avoid Nomenclature of the American Medical Association.) Poisoned by carbolic acid-probably suicide. "Uraemia," "Weaknes." etc., when a definite disease (c. g., sepsis, tetanus) may be stated under the FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Scnile," etc.) for which surgical operation was under-(Recommendations on state-"Anaemia" "Соша," "Hacmor-(disease (merely (secondnot be

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the certificate is permanently filed.



N. B.--Every Item of Information should be carefully supplied ACE should be stated EXACTLY, PHYSI-CIANS should state OAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD IS A PERMANEN WITH UNFADING INK---THIS LAINLY, WRIT

BINDING

FOR

MARGIN RESERVED

V. S. No. 1.

	PLACE OF DEATH	CERTIFICATE OF DEATH
Ce	ounty 1/asking ton 19917	5 /
	12021	Registration Dist. No.
	Bellerie	St: Ward) (If doubt occurred in
Villa	ge or City(No	St; Ward) (If death occurred in a hospital or institution, give its NAME in-
	(11:00:	stead of street and
	² FULL NAME CHILLIAM	
- 4	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SI	EX 4 COLOR OR BACE 5 SINGLE,	IS DATE OF DEATH
	A A MARRIED. WIDOWED MARNING	(Month) (Day) , 182 / (Year)
1	uale While OR DIVORCED (Write the word)	17 I HEREBY CERTIFY, That I attended the deceased from
6 D.4	ATE OF BIRTH	and, 1922, 10 /10/ 20, 1022.
	501, 17 837	that I last say h My alive on Mod, 18 , 1922-
	(Month) (Day) (Year)	3.6
7 AG		end that death occurred on the data stated above, at
	21 2 dayhrs.	The CAUSE OF DEATH & was as follows:
	yrs, mos. ds. or min. ?	Chrose Endventates
	COUPATION Trade, profession or	f
	articular kind of work / EUTE	Milrel-Cortic
) General nature of industry usiness, or establishment in	(Duration)yrsmosde,
	hich employed or (employer)	
9 BI	HTHPLACE (State or country)	Contributory Sorendary
-	Mary lauge	(Duration)yrs, mos. de,
	10 NAME OF FATHER	(Signed) M. D.
	anuel Mouls	Mod 70 1922 (Address) Hagerslown, Md
RENTS	OF FATHER	*State the Disease Couring Death, or, in deaths from Violent Causes, state (1) Means of Indoxy; and (2) whether
m m	(State or country)	Accidental, Suicidal or Homicidal.
PA	OF MOTHER EL HOUSE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	13 BIRTHPLACE	ients, or Recent Residents)
	OF MOTHER (State or country)	At place of death yrs. mos da. State, yrs mos da.
14 T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
	ME MILLE	Former or
i	(Informant) M. O. War	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	(Address) 4/3 Views St.	1/ -/
15		needy soull ma 120,1922
F	iled men 21 1922 Joshua Thomas	20 UNDERTAKER ADDRESS
	Registrar	Meleter Pous Dagenlour
		16 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from whatever, write None. tired 6 yrs.). business, that fact may be indicated thus: Farmer (reor given up on account of the disease causing DEATH. gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a eu at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Deal-Housemuid, etc. laborer, Farm laborer, Laborer-Coal mine, etc. Womworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of (a) Foreman, (b) Automobile factory. The material Physician, Compositor, Architect, Locomotive engineer, fulness of various parsuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor At Home, and children, not gainfully em-For many occupations a single word or term on without more precise specification as Day For persons who have no occupation If the occupation has been changed

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"): Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

ment of cause of death approved by Committee on head of "contributory." quences (e. g., sepsis, tetanus) may be stated under the as probably such, if impossible to determine definitely and qualify as accidental, suicidal, or homicidal, or "Purreral septicaemia," "Purreral peritonitis," etc. diseases resulting from childbirth or miscarriage as rhage," "Inanition." "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," ary), 10 ds. Nomenclature of the American Medical Association.) ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: Accidental drouning; Struck by railway State cause can be ascertained as the cause. Always qualify all "Uraemia," "Weakness." etc., when a definite disease "Dropsy," "Exhaustlen," "Heart failure," "Haemorvulsions," conditions, such as "Asthenia," "Anaemia" causing death), 29 ds.; Bronchopneumonia stated unless important. Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonacum, etc., Carcinoma. Sarcoma, etc.. of unqualified, is indefinite); Tuberculosis of lungs, mon (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; For "Debility" ("Congenital," "Scnile," etc.), VIOLENT DEATHS STATE MEANS OF INJURY for which surgical operation was under-Never report mere symptoms or terminal (Recommendations on state-Example: Measles "Coma," "Con-(merely (second-(disease

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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. 6. EXACT y classi (If death occurred in hospital or institution, give its NAME instead of street and number.) proper MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH COLOR OR RACE | 5 SINGLE. 3 SEX MARRIED, WIDOWED OR DIVORCED (Write the word) HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH instructions that I last saw huy, alive on .. (Month) (Day) (Year) and that death occurred on the dete steted above, at ... 7 AGE If LESS than day hrs. or min. ? OCCUPATION (a) Trade, profession or particular kind of work..... a (b) General nature of industry business, or establishment in which employed or (employer)..... 9 BIRTHPLACE (State or country) (Durstion) 10 NAME OF FATHER 0 11 BIRTHPLACE 山区 *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether TIOP OF FATHER On (State or country) Accidental, Suicidal or Homicidal. 12 MAIDEN NAME 0 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transstate lents, or Recent Residents) 13 BIRTHPLACE At place In the OF MOTHER State,yrs......mos... of death ... yrs 00 (State or country) Where was disease contracted, 3 if not at place of death?..... sho Former or usual residence. Every It (Address 29 UNDERTAKER ADDRESS Rogistrar If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto.. Requesting V. S. No. 1

BINDING

RESERVED

(Approved by U. S. Census and American Public Health Association.)

or given up on account of the bisease causing death, Housemaid, etc. If the occupation has been changed ployed, as At school or At home. Care should be taken whatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Screant, Cook, to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Luborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) household only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Womworked ou may form part of the second statement. (a) Foreman, (b) Automobile factory. The material Spinner; (b) Cotton mill; (a) Salesman, (b) Grocery; additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, c. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocetc. without more precise specification as Day For many occupations a single word or term on or At Home, and children, not gainfully em-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

ment of cause of death approved by Committee ou head of "contributory." quences ture of the injury, as fracture of skull, and conseand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or rhage," "Inanition" "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy." "Collapse," couditions, such as "Asthenia," "Anaemia" ary), M) ds. Never report mere symptoms or Nomenclature of the American Medical Association.) Poisoned by carbol's acid-probably suicide. The natrain-accident; Revelver around of head-homicide; Examples: Accidental drowning; as probably such, if impossible to determine definitely. taken. For violent buaths state means of injury "PUERPERAL seplicaem a." "PUERPERAL peritonitis." diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Dropsy." "Exhaustion." "Heart failure." "Haemorvulsions." causing death), 29 ds.: Bronchopneumonia stated unless important. inges, perilonarum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-State cause for which surgical operation was under-"Uraemia," "Weaknes ." etc., when a definite disease Chronic interstitial nephritis, etc. The contributory use of "Tunnor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid (secondary or intercurrent) affection need not be Whooping cough; (e. g., sepsis, tetanus) may be stated under the "Debility" ("Congenital," "Senile," etc.), Chronic valvular heart disease; (Recommendations on state-Example: Measles (disease Struck by railway Always qualify all "Соша." Meusics; terminal (merely (secondetc.

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S. No. 1

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N. B.--

PLACE OF DEATH	STATE OF MARYLAND
11.0.4	CERTIFICATE OF DEATH
County Dashington 12349	Registration Dist. No. 304
Village or City Haucack (No.	St.; Ward) (If death occurred in a hospital or institution, give its NAME in-
2 FULL NAME TO THE POPULATION OF THE POPULATION	stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Lorer or race 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH November 2 4, 192 2
6 DATE OF BIRTH October 4, 1922. (Month) (Day) (Year)	100.23 1923, to 2001.2 11, 192 2, that I last saw hour alive on 2001. 2 5 192. 2
7 AGE If LESS than I dayhrsyrs	The CAUSE OF DEATH A was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	(Duration) yrs mos 4 ds
which employed or (employer) BIRTHPLACE (State or country)	Contributory Secondary Duratión) vrs. mos. ds.
10 NAME OF FATHER PLANE MOIL	(Signed) M.D. M.D. Nov 75' 192 2 (Address) M. Calapson V. U.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER Esseling blevinge	18 ZENGTH OF RESIDENCE (For Hospitals, Institutions, Translents, or Recent Residents)
OF MOTHER (State or country) Maryland	At place In the of death yrsmosda, State,yrsmosda,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Monza Mari	usual residence.
(Address) Haucock med	Mi Glivif Mushlo Med 1/26, 1922
Filed 11/95 192 20 Feestures Registrar	20 UNDERTAKER ADDRESS Youncoch Mil.

Ar more blanks are needed, address State Registrar, 16 W. (Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. ('ensus and American Public Health Association.)

en at home, who are eugaged in the duties of the whatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at begluning of liluess. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestle service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered a: Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborerworked on may form part of the second statement. Never return "Laborer," "Foreman," "Mauager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it uature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the (a) Foreman, (b) Automobile factory. The material cases, especially in industrial employments, it is neces-Civil engineer, Stationery fremen, etc. But in many Physiciun, Compositor, Architect, Locomotive engineer, the first line will be suflicient, e. g., Farmer or Planter, cupation is very important, so that the relative healthtion applie to each and every person, irrespective of fulness of variou pursuits can be known. The ques-Statement of Occupation-Precise statement of ocetc., For many occupations a single word or term on without more precise specification as Day -Coal mine, etc. Wom-

Statement of Cause of Doath—Name, first, the pre-EASE CAUSING DEATH (the primary affection with respect) to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"): Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and consetrain-accident; Revolver wound of head-homicide; Examples: Aecidental drowning; Struck by railway and qualify as accidental, suicidal, or Homicidal, or diseases resulting from childbirth or miscarriage rhage," "Inaultion." "Marasmus," "Old Age," "Shock," Potsoned by carbolic acid-probably suicide. The naas probably such, if impossible to determine definitely. State cause for which surgical operation was under-"PUERPERAL seplicaemia." "PUERPERAL peritonitis," can be ascertained as the cause. Always qualify all symptomatic), "Atrophy," "Collapse," "Coma," ary), 10 ds. Never report mere symptoms or "Uraemia," "Weaknes." etc., when a definite disease "Dropsy," "Exhaustion," "Heart failure," "Haemorvulsions," conditions, such as "Asthenia," "Anaemia" causing death), 29 ds.; Bronchopneumonia stated unless important. Chronic interstitial n phritis, use of "Tumor" for mallguant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men (secondary or intercurrent) affection need Whooping cough; of "contributory." For VIOLENT DEATHS State MEANS OF INJURY "Debility" Chronic valvulur heart disease; ("Congenital," "Senile," etc.), (Recommendations on state-Example: Measles (disease etc. The contributory (merely terminal (secondnot be

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en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. 'As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various parsnits can be known. cupation is very important, so that the relative healthgaged in domestic service for wages, as Servant, Cook, ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborernature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, work, household only (not paid Housekeepers who receive a whatever, write None. tired 6 yrs.). For persons who have no occupation Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Statement of Occupation -- Precise statement of oc-For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Day -Coal mine, etc. Wom-The ques-

Statement of Cause of Doath—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

conditions, such as "Asthenia," "Anaemia" stated unless important. Example: Measles Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Curcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, mendiseases resulting from childbirth or misearriage as ean be ascertained as the cause. Always qualify all rhage." "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion." symptomatie), "Atrophy," "Collapse," ary), 10 ds. causing death). 29 ds.; Bronchopneumoniu (seeondary or intercurrent) affection need not be as probably such, if impossible to determine definitely. State cause for which surgical operation was under-Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "eontributory." quences (c. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. train-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway and qualify as Accidental, Suicidal, or Homicidal, or taken. For VIOLENT DEATHS STATE MEANS OF INJURY "Puerperal septicaemia." "Puerperal peritonitis," etc. "Uraemia," "Weaknes:" etc., when a definite disease vulsious." Whooping cough; Chronic valvular heart (name origin; "Cancer" is less definite; avoid "Debility" ("Congenital," "Senile," etc.), Never report mere symptoms or terminal (Recommendations on state-"Heart failure," "Haemor-"Coma," "Con-The nadiscuse; (disease (merely (second-

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PLACE OF DEATH .	STATE OF MARYLAND CERTIFICATE OF DEATH
County Washington 12301	Registration Dist. No. 30
WITHIN CORPORATE LIMITS OF	
Village or City MaggMown (No. 5 3, M)	Rafter (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	16 DATE OF DEATH
wale white Single, MARRIED, WIDOWER arried OR DIVORCED (Write the word)	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
6 DATE OF BIRTH	mr 7 192 (. ta nor 3 , 192 2.
(Month) (Day) (Year) 7 AGE (Month) (Day) (Year) 16 LESS than dayhrs. day.	
particular kind of work. (b) General nature of industry business, or establishment in which employed or (employer) 8 BIRTHFLACE (State or country) (State or country)	(Duration)yrs. 6 mos. de. Contributory Secondary
11 BIRTHERACE OF FATHER (State or country) 12 MAIDEN NAME 10 NAME OF FATHER (Attav (C) 14 DIRTHERACE (State or country) (C) 12 MAIDEN NAME (C) 14 MAIDEN NAME (C) 15 MAIDEN NAME (C) 16 MAIDEN NAME (C) 17 MAIDEN NAME (C) 18 MAIDEN NAME (C)	(Signed) L Louis M.D. Mr. 4 192.2 (Address) Log Lucian Med. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) (L). Va	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) At place of death yrsmosda. State,yrsmoeda. Where was disease contracted,
(informant) S.3 Madeiory Ores	if not at place of death? Former or usual residence
Filed Mar. 4 1922 & Multute Registrar Off more blanks are needed, address State Registrar.	20 UNDERTAKER ADDRESS ON Saratoga St., Balto., Requesting V, S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

whatever, write Nonc. tired 6 yrs.). business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing death ployed, as At school or At home. Care should be taken gaged in domestic service for wages, as Scrvant, Cook, definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Stationary firemen, etc. But in many Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons enlaborer, Farm laborer, Laborer-Coal mine, etc. Womworked on may form part of the second statement Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Furmer or Planter, (a) Foreman, (b) Automobile factory. The material tion applies to each and every person, irrespective of fulness of various pursults can be known. The queseupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocete., For many occupations a single word or term on or At Home, without more precise specification as Day For persons who have no occupation and children, not gainfully cm-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Carebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lober pneumonia, Bronchopneumonia ("Pneumonia.")

Nomenclature of the American Medical Association.) ment of cause of death approved by Committee stated unless important. head of "contributory." quences (e. g., sepsis, totanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The naas probably such, if impossible to determine definitely and qualify as accidental, suicidal, or homicidal, or "PUERPERAL sopticaemia." "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness." etc., when a definite disease conditions, such as "Asthenia," "Anaemia" ary), 10 ds. causing death), 29 ds.; Bronchopneumonia train-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway State cause for which surgical operation was undercan be ascertained as the cause. rhage," "Inanition." "Marasmus," "Old Age." "Shock," "Dropsy," "Exhaustion." "Heart failure." vulsions." symptomatic), "Atrophy," "Collapse," "Coma," Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men (secondary or intercurrent) affection need not be Whooping cough; FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), Never report mere symptoms or terminal Chronic valvular heart disease; (Recommendations on state-Example: Mcastcs Always qualify all "Haemor-(second-(merely (disease "Con-

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PHYSI-STATE OF MARYLAND CERTIFICATE OF DEATH EXACTLY, ly classified Registration Dist. No. ECORD Ward) (If death occurred in a hospital or institu-tion, give its NAME in-stead of street and certlficate. properly number.) be stated PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH of 16 DATE OF DEATH 3 SEX COLOR OR RACE | 5 SINGLE, pe MARRIED, back WIDOWED e hould it may OR DIVORCED (Month) (Write the word) 12 I HEREBY CERTIFY, That I attended the deceased from that instructions U S (Month) (Day) (Year) and that death occurred on the date stated above, at Sea 80 7 AGE If LESS than The CAUSE OF DEATH & was as follows day hrs. terms Haleunmos......da.lor.... min. ? See 8 OCCUPATION (a) Trade, profession or particular kind of work. pla important. (b) General nature of industry business, or establishment in __ (Duration) which employed or (employer) 4 Contributory 9 BIRTHPLACE (State or country) (Duration)yrs. 10 NAME OF FATHER 20 11 BIRTHPLACE ENT OAUSE OF FATHER *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether (State or country) Accidental, Suicldal or Homicidal, œ 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-2 lents, or Recent Residents) OB 13 BIRTHPLACE 00 At place of death OF MOTHER State, yrs. mos. da mos..... da. 0 yrs (State or country) 3 3 Where was disease contracted, if not at place of death?..... 14 THE ABOV TO THE BEST OF MY KNOWLEDGE shoi statement Former or usual residence. OF BURIAL OR REMOVAL DATE OF BURIAL ADDRESS Registrar If more blanks are needed, address State Registrar, 16 W. Saratoga St. Ralto., Requesting V.

BINDING

RESERVED

ARGIN

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state occupation at beginning of illness. If retired from ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House en at home, who are engaged in the duties of the whatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (reor given up on account of the disease causing Death, gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enlaborer, Farm laborer, Laborer-Spinner; (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-(a) Foreman, (b) Automobile factory. The material Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation Precise statement of oc-For many ecompations a single world or term on without more precise specification as Day -Coal mine, etc. Wom-As examples: (a)

Statement of Cause of Death—Name, first, the magnesses causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic exectorspinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

ment of cause of death approved by Committee on head of "contributory." (Recommendations on statequences (e. g., sepsis, tetanus) may be stated under the Nomenclature of the American Medical Association.) ture of the injury, as fracture of skull, and consetrain-accident; Revolver wound of head-homicide; as probably such if imposible to determine definitely. and qualify as Accedental, Suicidal, or Monicidal, or State cause for which surgical operation was under-"Puerperal septicaemic." "Puterprease peritonitis," diseases resulting from childbirth or misearriage as can be ascertained in the cause. Always qualify all rhage," "Inaultion." "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," conditions, such as "Asthenia." ary). 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopmeumonia stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Meastes; unqualified, is indefinite); Tuberculosis of lungs, men-Poisoned by carbol's arid-probably suicide. The na-Examples: Accidental dreaming; Struck by railway taken. For violent busines state means of injury "Uraemia," "Weeknes!" etc., when a definite disease "Dropsy." "Exhaustion." "Heart failure." "Haemorvulsious." Chronic interstitial rephritis, etc. The contributory ingrs. peritonarum, etc., Careinoma, Surcoma, etc., of (name origin; "Cancer" is less definité; avoid (secondary or intercurrent) affection need Whooping cough; "Debility" ("Congenital," "Senile," etc.), Chronic valeular "Anaemia" "Соша," "Сопheart discase; (second-(merely 36 10TI

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Lobar Typhoid fever (never report "Typhoid pneumonia") spinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept-EASE CAUSINO DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the Dispneumonia, Bronchopneumonia ("Pneumonia,

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the certificate is permanently filed. tions answered in detail, it will prevent further correspond-"If this certificate is looked over thoroughly and all ques-All the data is essential and must be obtained before

	PLACE OF DEATH	STATE OF MARYLAND
	ounty Washington 12355	CERTIFICATE OF DEATH
RPGI	RATE LIMITO 65/	Registration Dist. No. 702
Vill	age or City Organilowe (No. 722, U	/ Mashangton St; Ward) (If death occurred in
	2 FULL NAME Carfield 10	n hospital or institu- tion, give its NAME in- stead of street and number.)
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5	WIDOWES COLOR OR RACE 5 SINGLE, MARRIED. WIDOWES COLOR OR DIVORCED (Write the word)	16 DATE OF BEATH NOV. (Month) (Day) (Year) 17 1 HEREBY CERTIFY, That I attended the deceased from
6 D	ATE OF BIRTH	nov. 7. 1922 to nov. 8. 1822.
	Mullet 8" 1880	that I last saw hom alive on nov. 8, 1922,
7 40	(Month) (Day) (Year)	and that death occurred on the date stated above, at 7:309.m.
	If LESS than I dayhrs.	The CAUSE OF DEATH & was as follows:
-	CCUPATION ds. or min. ?	Mortie dusufferelusge.
(articular kind of work	Disselling attention of high
1	b) General nature of industry	ours volumes and femojerculy
	usiness, or establishment in	Duration) yes inos do.
-	IRTHPLACE (State or country)	Contributory Secondary
	10 NAME OF FATHER	(Signed) W. Nowan Jeges M. D.
(A)	11 BIRTHPLACE	nov. 9 1922 (Addies) Hayantoner, Med.
RENT	OV FATHER (State or country) Mary Laren. 12 MAIDEN NAME	Asstate the Disease Causing beath, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
DA	OF MOTHER Saidle Bloom	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	13 BIRTHPLACE OF MOTHER (State or country)	At place In the of death yrs. mos. da. State,yrsda.
14 7	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
	(Informant) MIN Drack Bushladas	Former or sual residence
15	(Address) Janey lown Mid	Uniontology Ma SATE OF BURIAL
F	Filed Nov 1 1922 Joshua Thomas Registrar	20 UNDERTAKER ADDRESS ALLASITEN VOICE Han Englowing
	If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Consus and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health gaged in domestic service for wages, as Screant. Cook ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Never return "Laboter," "Poreman," "Manager," "Dealworked on may form part of the second statement (a) Foreman, (b) Automobile factory. Spinner, (3) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stutionary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, c. g., Farmer or Planter, tion applies to each and every person, irrespective of business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing DEATH, whatever, write None. tired 6 yes.). For persons who have no occupation Housemaid, etc. If the occupation has been changed Statement of Occupation-Precise statement of oc report specifically the occupations of persons en-For many occupations a single word or term on 10 At Home, and children, not gainfully emwithout more precise specification as Day -Coal mine, etc. Wom-As examples: (a) The material House-

Statement of Cause of Death—Name, first, the pus-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia."): Lobar pneumonia, Bronchopneumonia ("Pneumonia.")

> unqualified, is indefinite); Tuberculosis of lungs, mensymptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anaemia" ary). 30 ds. Never report mere symptoms or terminal eausing death), 29 ds.; Bronchopneumonia stated unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); (name origin; "Cancer" inges, peritonaeum, etc., as probably such, if impossible to determine definitely. and qualify as Accidental, Suicidal, or Homicidal, or "Puerperal septicaemia," "Puerperal peritonitis," diseases resulting from childbirth or misearriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure." vulsions." (secondary or intercurrent) affection need Whooping cough; Chronic valendar heart discase; quences (e. g., sepsis, tetanns) may be stated under the State cause for which surgical operation was under-Nomenclature of the American Medical Association.) ment of cause of death approved by Committee ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. train-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railroay FOR VICLENT DEATHS STATE MEANS OF INJURY "contributory." "Debility" ("Congenital," "Senile," etc.), Carcinoma, Sarcoma, etc., of (Recommendations on state-Example: Measles etc. is less definite; avoid The contributory "Настог-Measles; (discase (second-(merely etc.

If this certificate is looked over thoroughly and all questions answered in de all, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

	should state
RECORD	PHYSICIANS of OCCUPAT
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
WRITE PL	N. B.—Every Item of Informa CAUSE OF DEATH IN

1 PLACE OF DEATH 12356 31

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration	Dist.	No. 300	
		1 1 W 0-00000000000000000000000000000000	**

Village or City Dry Pun (No. 1)	St.	Ward)
		······································
FULL NAME Rachel h Rubeck	***************************************	

[If death occurred in a hospital or Institution,

FULL NAME Rachel h R	cheek give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale white Single, Manueld orbivorces orbivorces (write the word)	16 DATE OF DEATH / / / / / / / / / / / / / / / / / / /
6 DATE OF BIRTH MOVE 17, 1900 (Month) (Day (Year)	that I last saw held alive on held alive on held last saw
7 AGE 2 2 yrs mos ds OR min.?	and that death occurred on the date stated above, at 730 m, The CAUSE OF DEATH* was as follows:
a) Trade, profession, or particular kind of work.	Calmana Aufra Calasia
(b) Generat nature of industry, business, or establishment in which employed (or employer)	(Duration) DCL yrs. 6 mos. ds.
9 BIRTHPLACE (State or country) Md	Secondary (Duration) A yrs mos ds.
10 NAME OF FATHER David Hose	(Signed) Carry B Girls war, M. O.
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
of MOTHER and Rubble 13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos ds.
(Informant) I THE BEST OF MY KNOWLEDGE (Informant)	Where was disease contracted, if not at place of death?
(Address) Planspung 16 Filed 750 30, 191-2 Martin Bond	19 PLACE OF BURIAL OF REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.	

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a defiuite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question been changed or given up on account of the DISEASE (a) Spinner, (b) Cotton mill; (a) Salesman, who have no occupation whatever, write None. Statement of occupation-Precise statement of occupathus: If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," The (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcinellosses

nant neoplasms); Measles; Whooping cough; Chronic oma, Surcoma. etc., of...... (name origin; "Canaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "luanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Ascause of death approved by Committee on Nomenclascpsis, tctanus) injury, as fracture of skull, and cousequences (c. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probabily LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Collabse," "Coma," "Couvulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) "Contributory." is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," (Recommendations on statement of may be stated under the head of etc.), "Dropsy," "Exhaustion," Never report

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DEC 2 1953

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 yrs.). business, that fact may be indicated thus: Furmer (restate occupation at beginning of illness. If retired from or given up on account of the disease Causing Death, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook, ployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewije, Househousehold only (not paid Housekeepers who receive a en at-home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. 'As examples: (a) additional line is provided for the latter statement; it to report specifically the occupations of persons enlaborer, Farm laborer, Laborernature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomoline engineer, the first line will be sufficient, e. g., Farmer or Planter (a) Foreman. (b) Automobile factory. The material cases, especially in industrial employments, it is neces-Civil engineer. Stationary premen, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocetc., For many occupations a single word or term on without more precise specification as Day For persons who have no occupation -Coal mine, etc. Wom-

Statement of Cause of Death—Name, first, the pisease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

ment of cause of death approved by Committee head of "contributory." quences (c. g., sepsis, tetanus) may be stated under the train-accident; Revolver wound of head-homicide; as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF taken. For VIOLENT DUATHS STATE MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Puerperal schildgemid". Puerperal peritonitis," etc. can be ascertained in the cause. rhage," "Inanition " "Marasmus," "Old Age," "Shock," "Dropsy." "Exhaustion." "Heart failure." symptomatic), "Atrophy," "Collapse," conditions, such a "Asthenia," "Anaemia" ary). 10 ds. Never report more symmetoms or terminal eausing death). 29 ds.; Bronchopneumonia inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid Nomenclature of the American Medical Association.) ture of the injury, as fracture of skull, and conse-Poisoned by carbol'e and-probably suicide. The na-Examples: vulsions." stated unless important. Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Meastes; unqualified. is indefinite); Tuberculosis of lungs, men "Uraemia," "Weakins," etc., when a definite disease (secondary or intercurrent) affection need not be Whooping cough: "Debility" ("Congenital," "Senile," etc.), Accidental drowning; Struck by railway Chronic valentar heart (R commendations on state-Example: Measles Always qualify all "Coma," "Haemordisease; (merely (disease

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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. 302 (If death occurred in a hospital or institu-tion, give its NAME instead of street and MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS IS DATE OF DEATH 4 COLOR OR RACE | 5 SINGLE, MARRIED (Write the word) I HEREBY CERTIFY. That I attended the deceased from (Month) (Day) (Year) and that death occurred on the date stated above, at 9. A. TAGE If LESS than The CAUSE OF DEATH & was as follows: I day hra. 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in (Duration) which employed or (employer) Contributory 8 BIRTHPLACE Secondary (State or country) IO NAME OF FATHER II JHRTHPLACE Z *State the Disease Causing Death, or, in deaths front OF PATHER Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. (State or country O. 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) 13 BIRTHPLACE in the At place OF MOTHER yrs. mos.....da. State, yrs. mos. ... (State or country) Where was disease contracted, TO THE BEST OF MY KNOWLEDGE if not at place of death?..... Former or usual residence DATE OF BURIAL ADDRESS 20 UNDERTAKER If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs.). For persons who have no occupation or given up on account of the DISEASE CAUSING DEATH, definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it whatever, write None. business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a laborer, Furm laborer, Laborer-Coal mine, etc. Wom-(a) Horeman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc For many occupations a single word or term on without more precise specification as Day

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REVISED - UNITED CERTIFICATE OF DEATH STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, en at home, who are eugaged in the duties of the er," etc., without more precise specification as Day tired 6 yrs.). For persons who have no occupation Housemaid, etc. gaged in domestic service for wages, as Scruunt, Cook to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House. household only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, should be used only when needed. As examples: (a) worked on may form part of the second statement. (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter. Civil engineer, Stationary firemen, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queseupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on or At Home, and children, not gainfully em-If the occupation has been changed

spinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebrospinal EASE CAUSING DEATH (the primary affection with respect Lobar pneumonia, Bronchopneumonia ("Pneumonia, Typhoid fever (never report "Typhoid pneumonia"): fever (the only definite synonym is "Epidemic cerebroto time and causation), using always the same accept-Statement of Cause of Death-Name, first, the DIS-

> ment of cause of death approved by Committee on head of "contributory." quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF conditions, such as "Asthenia," "Anaemia" Nomenclature of the American Medical Association.) as probably such, if impossible to determine definitely diseases resulting from childbirth or misearriage rhage," "Inanition." "Marasmus," "Old Age," "Shoek," symptomatie), "Atrophy," "Collapse," unqualified, is indefinite); Tuberculosis of lungs, men-Poisoned by carbolic acid-probably suicide. The na Examples: Accidental drowning; Struck by railway taken. State cause for which surgical operation was under-"Puerperal septicaemia," "Puerperal peritonitis," ean be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Dropsy," "Exhausticn," vulsions," ary), 10 ds. Never report mere symptoms or terminal causing stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of (secondary Chronic interstitial nephritis, etc. The contributory Whooping cough; Chronic valvular heart (name origin; "Cancer" is less definite; avoid -uccident; Revolver wound of head-homicide; FOR VIOLENT DEATHS STATE MILANS OF INJURI death). 29 ds.; Bronchopneumonia "Debility" ("Congenital," "Senile," etc.) or intercurrent) affection need not be (Recommendations on state-"Heart failure." "Haemor-Example: Measles (disease "Coma," discase; (second-(merely "Conete. as

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BINDING

ARGIN RESERVED FOR

S. No. 1.

County Washingtone 1936	CERTIFICATE OF DEATH
2 /2	Registration Dist. No.
Village or City multimusty (No,	St; Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH
6 DATE OF BIRTH MW 6 15.2 2 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from
7 AGE If LESS than I dayhrs.	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mes. de
9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 2 MAIDEN NAME?	Contributory Secondary (Digation)
OF MOTHER Coffeeing Halines OF MOTHER (State or country) Ballings M. A. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transcents, or Recent Residents) At place In the of death yrs. mos da. State,
(Informant) Certheer Segra (Address) Smithsburg Md Filed 2 C 1923 1 1 1 1 1 2 2 1	Former or usual residence
- July	ath La thuksby 16 W. Saratoga St., Balto Requesting V. S. No. 1. M. C.

REVISED UNITED STATES ERTIFICATE OF DEATH STANDARD

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing death, ployed, as At school or At home. Care should be taken eu at home, who are engaged in the duties of the er," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. tired 6 yrs.). For persons who have no coenpation Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enwork, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Womworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotice engineer, fulness of various pursuits can be known. enpution is very Important, so that the relative health-(a) Foreman, (b) Automobile factory. Civil engineer, Stationary fremen, etc. tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-For many occupations a single word or term on The material But in many The ques-

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> ment of cause of death approved by Committee on Nomenclature of the American Medical Association.) head of "contributory." quences (e. g., scpsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. train-accident; Revolver wound of head-homicide; Examples: Accidental drowning; as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or Homicidal, of "Puerpenal septicaemia." "Puerpenal peritonitis," etc. diseases resulting from childbirth or misearriage as can be ascertained as the cause. Always qualify all rhage," "Inanition," "Marasmus," "Old Age," "Shock," symptomatie), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anacmia" ary), 10 ds. Never report mere symptoms or stated unless important. Example: Mensics (disease nse of "Tumor" for malignant neoplasms); inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a defiulte disease "Dropsy," "Exhaustlen," "Heart failure." "Haemorcausing death), 29 ds.; Bronchopneumonia Chronic interstitial nephritis, etc. (name origin; "Cancer" is less definite; avoid (secondary or intercurrent) affection need Whooping cough; Chronic valvular heart FOR VIOLENT DEATHS State MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), (Rreommendations on state-Struck The contributory by railway The na-Meastes; (merely terminal discase; (secondnot be

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(Approved by U. S. Census and American Public Health Association.)

household only (not paid Housekeepers who receive a whatever, write Nonc. ployed, as At school or At home. Care should be taken en at home, who are engaged in the duties of the tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing death, Housemaid, etc. gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enwork, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewije, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., worked on may form part of the second statement. Never return "Lahover," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Physician, Compositor, Architect, Locomotive engineer, Statement of Occupation-Precise statement of oc-Foreman, (b) Automobile factory. For many occupations a single word or term on without more precise specification as Day If the occupation has been changed The material

Etatement of Cause of Death—Name, first, the discrete causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid puenmonia"): Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

ment of cause of death approved by Committee on head of "contributory." quences (e. g., sepsia, tetanus) may be stated under the train-accident; Revolver wound of head-homicide; and qualify as Accidental, Strictbal, or Homicidal, diseases resulting from childbirth or miscarriage as symptomatic), "Atrophy." "Collapse," conditions, such as "Asthenia." "Anaemia" (merely Poisoned by carbol's acid-probably suicide. The na-Examples: as probably such, if impossible to determine definitely. taken. For VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under "Puerperal septicuemia." "Puerperal peritonitis," can be ascertained as the cause. Always qualify all rhage," "Inamition." "Marasmus." "Old Age." "Shock," "Dropsy," "Exhaustion," "Heart failure," "Haemorvulsions." ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia stated unless important. Nomenclature of the American Medical Association.) "Uraemia," "Weeknes ." etc., when a definite disease Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonarum, etc., Carcinonu, Sarcoma, etc., of unqualified. is indefinite); Tuberculosis of lungs, men (secondary or intercurrent) affection need not be Whooping cough: Chronic valvular heart, discase; of the injury, as fracture of skull, and conse-"Dehility" Accidental drowning; Struck ("Congenital," "Senile," etc.), (Recommendations on state-Example: Meastes (disease "Coma," (second-

If this certificate is looked over thoroughly and all questions answered in cenal, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

DEC 2 1922

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT BINDING S FOR INK-THIS RESERVED WITH UNFADING Z PLAINLY, MAR WR S. No. 1. 0

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Z

Village or City Jocust - Lyova Mod 2 Full NAME Martha & Dr	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 307 St.; Ward) [If death occurred by a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Sex. 4 COLOB-OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 1 HEREBY CERTIFY, That I attended deceased from 1922, to Str. 3, 1962
Month) (Day) (Year) 7 AGE If LESS than 1 day, hrs. 1 day, hrs.	and that death occurred on the date stated above, at 6 , m. The CAUSE OF DEATH * was as follows: Cerstral Henryhaye with Henryhaye Right Raid of works (Ouretten) yrs.//, moe. de. Contributory Secondary
10 NAME OF FATHER ON STATE 11 BIRTHPLACE OF FATHER (State of country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country)	(Signed) C. D. Balka. M. B State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. 18 Length of Residence (for Hospitals, Institutions, Transients or Recent Residents) At place At place Mess. Mess.
(Informant) My Trank Graves (Address) Rollings villy Did FRED Nor 7, 1972 C. S. Baker 10. REGISTRAR	Where was disease contracted, if not at place of dash? Former or usual rasideoce. 19 PLACE OF BURIAL OR BEMOVAL 20 UNDERTAKER ADDRESS TANADAS ALLER 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.

is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton write None. state occupation at beginning of illness. engaged in domestic service for wages, as Servont, Cook, wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer mill; (a) Solesman, (b) Grocery; (a) Foreman, especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, business, that fact may be indicated thus: Farmer (retired or given up on account of the disease causing dearn, Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons employed, as At school or the duties of the household only (not paid Housekeepers "Foreman," "Manager," "Dealer," etc., without more mobile factory. business or industry, and know (a) the kind of work and also (b) the nature of the first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Coal mine, etc. Statement of Occupation-Precise statement of occupathe second statement. Compositor, Architect, very important, so that the relative healthful-For persons who have no occupation whatever The material worked on may form part Women at home, who are engaged in therefore an additional line At home. Care should be Never return "Laborer," Locomotive engineer, If retired from (b) Auto-('ini

spinal meningitis"); Diphtheria (avoid use of "Croup"); CAUSING DEATH (the primary affection with respect to unqualified, is indefinite); Tuberculosis of lungs, menin-Typhoid fever (never report "Typhoid pneumonia");
Lobar pneumonia, Bronchopneumonia ("Pneumonia," Statement of Cause of Death-Name, first, the DISEASE (the only definite synonym is "Epidemic cerebroand causation), for the same disease. Bronchopneumonia using always the same accepted Examples: Cerebrospinal

> on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, letonus) may be stated state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "Heart failure," "Haemorrhage," "Inamition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned Struck by railway train-occident; Revolver wound of to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible "PUERPERAL peritonitis," etc. State cause for which birth or miscarriage as "PUERPERAL septicharmia," cause. etc., when a definite disease can be ascertained as the genital," "Seuile," etc.), "Anaemia" symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles: Whooping (name origin; "Cancer" is less definite; avoid use of ges, peritonoeum, etc., Carcinoma, Sarcoma, etc., of Nomenclature of the American Medical Association. Always qualify all diseases resulting from child-"Coma," (inerely symptomatic), "Atrophy," "Coloma," "Convulsions," "Debility" ("Conby carbolic acid-probably "Dropsy," "Exhaustion,"

the certificate All per If the conficate is looked over thoroughly and all quesdenail, it will prevent further correspond-

manently filed.

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PLACE OF DEATH	STATE OF MARYLAND
County Washing how	CERTIFICATE OF DEATH
c 110 1 as near	Registration Dist. No. 3/6 yarulle St. Word) [II death occurred in
2 FULL NAME Es Flaine	a nospital of institution,
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
female white 5 SINGLE, MARRIED, WIDOWED OR DIVORCE ON y le	(Menth) 27 , 1922 (Menth) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
Seft (Month) 28 1922 (Month) (Day) (Year)	11/26 ,1922, to 11/27 ,1912 2
7 AGE If LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at 3 9 m. The CAUSE OF DEATH * was as follows: Auth Gastro Extention
(a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer)	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country) Mary Panels	Contributory Secondary (Buralian) yrs. mas. ds.
10 NAME OF FATHER (IT a Smully 11 BIRTHPLACE OF FATHER (State or country) Mary Punch 12 MAIDEN NAME	(Signed) S. Howelt Crardines M. D. 11/27. 1912 2 (Address) Straspolicing Illustrate of the Disease Causing Drath, or, in deaths from Violent
12 MAIDEN NAME OF MOTHER NORA BOVEY 13 BIRTHPLACE OF MOTHER (State or country) Merre Canel	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) All place In the of death yrs. mes. ds. State,yrs. mes. ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Ing Smily	of death yrs. mes. ds. State, yrs. mes. ds. Where was disease contracted, If not at place of death? Former or usual residence
15 Filed Now 27, 1982 R. S. Secting	Hellywell Camber ADDRESS When Land Address Mon 29 1822
If more blanks are needed, address State Registrar, 1-	6 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (relired state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, ctc. If the oecupation has been changed taken to report specifically the occupations of persons employed, as At school or At home. Carc should be wife, Housework, or At Home, and children, not gainfully the duties of the household only (not paid Housekeepers precise specification as Day laborer, Form laborer, Laborer mill; (a) Salesman, (b) Grocery; (a) Foremon, only when needed. As examples: (a) Spinner, (b) Cotton engaged in domestic service for wages, as Servant, Cook, who receive a definite salary), may be entered as House-"Foreman," "Manager," "Dealer," ctc., without more of the second statement. mobile factory. is provided for the latter statement; it should be used especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the Coal mine, etc. Statement of Occupation-Precise statement of occupavery unportant, so that the relative healthful-For persons who have no occupation whatever The material worked on may form part Women at home, who are engaged in Never return "Laborer," (b) Auto-Civib

Statement of Cause of Death—Name, first, the disease coursing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated head-homicide; Poisoned by "PUERPERAL peritonitis," ctc. State eause for which "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock." "Uracmia," "Weakness," on Nomenclature of the American Medical Association.) to determine definitely. Examples: Accidental drowning; Struck by railway train—accident; Revolver wound of SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths eause. genital," "Senile," etc.), "Dropsy," symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. cough; Chronic valvulor heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, perilonoeum, etc., Corcinomo, Sorcoma, etc., of "Anacmia" (merely symptomatic), Example: Measles (disease causing death), 29 ds.; Bronnephritis, etc. rent) affection need not be stated unless important (name origin; "Cancer" is less definite; avoid use of when a definite disease can be ascertained as the The nature of the injury, as fracture of skull "Coma," Always qualify all diseases resulting from child-The contributory (secondary or intercur-"Convulsions," carbolic acid—probably Never report mere "Atrophy," "Col-"Debility" ("Con-"Exhaustion," ACCIDENTAL,

If this certificate is looked over thoroughly and all questachs answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the pertulcate is permanently filed.

REVISED ERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

Chian see weed

whatever, write None. business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing death, gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons cnployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces Physician. Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter. tion applies to each and every person, irrespective of fulness of various parenits can be known. The quescupation is very important, so that the relative healthtired 6 yrs.). For persons who have no occupation Housemaid, etc. If the occupation has been changed (a) Foreman, (b) Automobile factory. The material Civil engineer, Stationary foremen, etc. But in many Statement of Occupation - Precise statement of oc-For many occupations a single word or term on or At Home, and children, not gainfully em-

2 1 A Acr

Lobar pneumonia, Bronchopneumonia ("Pneumonia, Typhoid ferer (never report "Typhoid pneumonia"): spinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic ecrebroed term for the same disease. Examples: Cerchrospinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the bis-

> conditions, such as "Asthenia," "Anaemia" ary). 10 ds. inges, peritonairum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, mensymptomatic), "Atrophy," "Collapse," causing death), 29 ds.; Bronchopnenmonia (name origin; "Cancer" is less definite; avoid head of "contributory." quences (c. g., sepsis, tetanus) may be stated under the Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF taken. For VIOLENT DEATHS STATE MEANS OF INJURY State eause for which surgical operation was underdiscases resulting from childbirth or misearriage as: can be ascertained as the eause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shoek," "Dropsy," "Exhaustion," "Heart failure," "Haemorvulsions," "Debility" ("Congenital," "Scnile," etc.), stated unless important. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory use of "Tinnor" for malignant neoplasms); Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. train—accident: Revolver wound of head—homicide; "PUFREERAL septicarma, Whooping cough; Never report mere symptoms or terminal Chronic valvalar heart "'TUERPERAL peritonitis," etc. (Recommendations on state-Example: Measles "Coma," "Condisease; Measles, (merely (disease (second-

tions answered in detail, it will prevent further correspond-Libis certificate is looked over thoroughly and all quespertificate is permanently filed

DEC G 1922

HYSI- Exact	PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
LY, F	11- 151	Registration Dist. No. 352
RECORD d EXACTL	Village or City JUNN (No. 26, 5, 6) CORPGRATE LIMITO EP 2 FULL NAME TO DEPLEYE C.	Mac St.; 3 Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
state	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ERMANEN Hould be stone back of of	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED WILL WHILL WHILL WRITE THE WORD (Write the word) 6 DATE OF BIRTH	16 DATE OF DEATH (Month) (DRy) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from May 1922 to Nov 15 1927
S. A. IS. A. Isthat	Nor 4 1857	that I last saw h & alive on Nov 14 ,192
R BIN IS IS A ACE so that	7 AGE (Month) (Day) (Year)	and that death occurred on the date stated above, at S
O'HT HI Balle	/ / / / dayhrs.	The CAUSE OF DEATH & was as follows:
NK	8 OCCUPATION (a) Trade, profession or particular kind of work	Carcinomy Homach
SERV SING I arefull in plai	(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) / yrs. 6 da
IFAL ATH	9 BIRTHPLACE (State or country)	Contributory Recognition
A UN H UN	10 NAME OF THE PATHER	(Signed) (Duration)
TION IS	11 BIRTHPLACE OF FATHER (State or country) O. Curagult O. Curagul	*State the Disease Causing Death or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether
AAT	MI I do Travelero Traveler A	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Translents, or Recent Residents)
CAINI d state	13 BERTHPLACE OF MOTHER (State or country)	At place In the of death yrs mos da. State, yrs mos da
0 0 0	14 THE ABOVE IS TRUE TO-THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
WRIT item is sho	(Informant) lymal gullman	Former or usus residence
WE Every it	(Address) Toglis Wown Mis	Laprans mid Mor 18, 1022
ž.	Filed nov 17 1922 Joshua Tromso	20 CYDERTAKER ADDRESS
Arslauffe	If there blanks are needed, address State Registrar.	16 W. Saratoga St., Balt. Requesting V. 8 No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Civil engineer, Stationary firemen, etc. But in many whatever, write Nonc. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (reor given up on account of the disease eacsing Death, Housemaid, etc. If the occupation has been changed ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womgaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various parsuits can be known. The queseupation is very important, so that the relative health-Statement of Occupation - Precise statement of ocetc. without more precise specification as Day For many occupations a single word or term on or At Home, and children, not galufully em-

Statement of Cause of Death—Name, first, the disease eausance death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

head of "contributory." (Recommendations on state-Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on quences (e.g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and consetrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by radioay as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or homicidal, or taken. For violent bearts state means of injury State cause for which surgical operation was under-"PUERPERAL septilesem a "Pueren ment peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained in the cause. Always qualify all rhage." "Inanition." "Marasmus." "Old Age." "Shock," symptomatie), "Atrophy." "Collapse," ary), 10 ds. Never report mere symptoms or conditions, such as "Asthenia," "Anaemia" eausing death), 29 ds.: Bronchopneumonia stated unless important. Poisoned by carbol's acid-probably suicide. The na-"Dropsy." "Exhaustion." "Heart vulsions," Chronic interstitiat nephritis, inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Uraemia," "Weaknes (secondary or intercurrent) affection need use of "Tumer" for malignant neoplasms); Meastes; Whooping cough; Chronic valoular heart disease; "Debility" ("Congenital," "Senile," etc.), " etc., when a definite disease Example: Measles (disease etc. The contributory failure." "Haemor-"Coma." (merely terminal (secondnot be

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Every item of information should be carefully supplied ACE should be stated EXACTLY, PHYSI-CIAMS should state CAUSE OF DEATH In plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD A PERMANEN. BINDING SI WITH UNFADING INK---THIS FOR RESERVED CIN WRITE PL 6 7/2 ż

PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
County Washington 12366 4	Registration Dist. No. 302
WITHIN STRUMENTS OF THE STRUMENTS OF	Registration Dist. No.
Village or City Naguatorum (No. 29 Ta	Ward) (If death occurred in a hospital or institu-
M W /F	tion, give its NAME instead of street and number.)
2 FULL NAME Many 111. Sta	ups Bumber,
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED	16 DATE OF DEATH HAVE 1992
WIDOWED WIDOWED	(Mouth) (Day) (Year)
female My (Write the Aro)	17 I HEREBY CERTIFY, That I attended the deceased from
DATE OF BIRTH	00 1 1922, to Mr. 1922.
(Month) (Day) (Year)	and that death occurred on the date stated above, at 7, 4, 6, m.
7 AGE If LESS than	The CAUSE OF DEATH & was as follows:
47 9 19 dayhrs.	The CAUSE OF BEATT A WAR AS SECTION
8 OCCUPATION ds.lormin. ?	
(a) Trade, profession or Nunse lung	Carenomy I Sloniach
(b) General nature of industry	(Duration)yrs. 3 mosds.
business, or establishment in which employed or (employer)	Contributory
9 BIRTHPLACE (State or country)	Secondary (Duration)yrsmosds.
TIO NAME OF A II	m. a. Grovelou M.D.
FATHER John Thompson	(Signed)
11 BIRTHPLAGE OF FATHER	*State the Disease Causing Denth, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
11 BIRTHPLAGE OF FATHER (State or country) 12 MAIDEN NAME(M)	Accidental, Suicidal or Homicidal.
of MOTHER Hay M Hartley	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- lents, or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place of death yrs. mos. da. In the State, yrs. mos. da.
(State or country)	Where was disease contracted, if not at place of death?
14 THE ABOVE IS TRUE TO THE REST OF MY ANOWEDER	Former or usual residence.
(Informant)	19 PLACE OF BURIAL OR RUMOVAL ALL OF BURIAL
(Address) Magustom VVIII.	Perse Hill 14 102.2
15 Not 2 m & minhite	20 UNDERTAKER ADDRESS
Filed / 192 - 192 Registrar	Hatems Munch Hag, VIA
If more blanks are needed, address State Registre	Saratoga St., Balto., Requesting V. S. No. U

(Approved by U. S. Census and American Public Health Association.)

whatever, write Nonc. tired 6 yrs.). For persons who have no occupation business, that fact may be indlcated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing Death, Housemerid, etc. If the occupation has been changed gaged in Comestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a eu at home, who are engaged in the duties of the laborer, Farm laborer, Laborerer," etc., without more precise specification as Day Never return "Laborer," "Toreman," "Manager," "Dealworked on may form part of the second statement Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. additional line is provided for the latter statement; it nature of the business or ludustry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative healthcases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-Foremen, (b) Automobite factory. For many occupations a single word or term on -Coal minc, etc. Wom-As examples: (a) The material

Statement of Cause of Death—Name, first, the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

head of "contributory." quences (e.g., sepsis, tetanus) may be stated under the as probably such, if impossible to determine definitely and qualify as accidental, suicidal, or homicidal, or rhage," "Inanition" "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," "Anaemla" (merely ary), 10 ds. causing death), 29 ds.; Bronchopneumonia stated unless important. inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid—probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway State cause for which surgical operation was under-"PUERPERAL scpticacm'c," "PUERPERAL pcritonitis," etc. discases resulting from childwirth or miscarriage can be ascertained as the cause. Always qualify all "Dropsy," "Exhaustion," "Heart failure," "Haemorvulsions," (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping cough; Chronic valvulur heart discuse; use of "Tumor" for malignant neoplasms); Meusles; (name origin; "Cancer" is less definite; avoid "Uraemia," "Weaknes." etc., when a definite disease FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), Never report mere symptoms or terminal (Recommendatious on state-Example: Meastes (disease etc. The contributory (secondnot be 88

If this certificate is 13-ked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

WRITE AINLY, THE UNFADING INK---THIS IS A PERMANZAL ECORD

CLANS should state OAUSE OF DEATH in plain terms so that it may be properly classified. Exact

statement of OCCUPATION is very important. See instructions on back of certificate. TH UNFADING INK---THIS IS A PERMANEN BINDING MARGIN RESERVED FOR LAINLY, WRITE vi.

PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
WITHIN COURTE LIMITE OF 12367.	Registration Dist. No. 302
Village or City Ugliston (No. 425,) 2 FULL NAME Office V. Stor	Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 12. 12. (Month) (Day) (Year) 17 (J. HEREBY CERTIFY, That I attended the deceased from 1922, to Nov. 11. 1922.
(Month) (Day), 1808	that I last saw has alive on hou 1 , 1922
17 AGE Of yrs. 16 ds. or min.?	The CAUSE OF PEATH it was as follows:
(a) Trade, profession or particular kind of work	lepoplexa
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs 5 mos ds.
9 BIRTHPLACE (State or country)	Contributory Secondary Duration yes hope de
10 NAME OF FATHER ON Sigler	(Signed) 3. 2. Hersley M. D.
11 BIRTHPLACE OF FATHER (State of country) 12 MAIDEN STATES OF MOTHER OF	*State the Disease Causing Deith, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
of Mother lay 7. Homan	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- lents, or Recent Residents)
OF MOTHER (State or country)	At place of death yrs mos. da. In the State, yrs mos. da. Where was disease contracted,
(Informant) AAAA : DALLEDGE	if not at place of death?
(Address) Augustown Mus	MATTERIAL OR REMOVAL JATE OF BURIAL
Filed Nov. 14 1917 F.M. White Registrar	20 ENDERTAKER ADDRESS TO SUSTAINS
If more blanks are needed, address State Registrar.	16 W. Saratoga St. Balto Requesting V. S. No. 1 110.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from en at home. er," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealcases, especially in industrial employments. It is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative healthwhatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (reor given up on account of the disease causing death, Housemaid, etc. gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Furm laborer, Laborer-Coal mine, etc. Womworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary Aremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, fulness of various pursuits can be known. The ques-(a) Foreman. (b) Automobile factory. Statement of Occupation-Precise statement of oc-For many occupations a single word or term on or At Home, and children, not gainfully emwho are engaged in the duties of the If the occupation has been changed The material

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

conditions, such as "Asthenia," stated unless important. Example: Measles. (disease head of "contributory." quences (e. g., sepsis, tetanus) may be stated under the as probably such, if impossible to determine definitely. and qualify as Accidental, Suicidal, of Homicidal, or "PUERPERAL septicaemic." "PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage as ean be ascertained as the cause. Always qualify all "Uraemia," "Weaknes." etc., when a definite disease rhage," "luanition." "Marasums," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," "Coma," "Conary), 10 ds. causing death), 29 ds.; Bronchopneumonia use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menment of cause of death approved by ture of the injury, as fracture of skull, and conse-Poisoned by curbolic acid-probably suicide. Examples: Accidental drowning; Struck by railway State cause for which surgical operation was under-"Dropsy," "Exhaustion," "Heart failure," "Huemor-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory (name origin; "Cancer" is less definite; avoid Nomenclature of the American Medical Association.) Whooping cough; Chronic valvular heart -accident: Revalver around of head-homicide; FOR VIOLENT DUATHS STATE MEANS OF INJURI "Debility" ("Congenital," "Senile," etc.), Never report mere symptoms or terminal (Recommendations on state-"Anaemia" Committee Meastes; discuse; (merely

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

--Every item of Information should be carefully supplied ACE should be stated EXACTLY, PHYSI-CIAMS should state OAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate. CORD IS A PERMANENT BINDING FOR UNFADING INK---THIS RGIN RESERVED WITH INLY, WRITE

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PLACE OF DEATH 12368	STATE OF MARYLAND CERTIFICATE OF DEATH
County E. County	Registration Dist. No. 3.02
Village or City Laglestown (No 208 M	Ward) (If death occurred in a hospitual or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR, OR RACE 5 SINGLE,	16 DATE OF DEATH
male white MARRIED, WIDOWED OR DIVORCED LINE	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I mattended the deceased from
6 DATE OF BIRTH	200 14 1922, to WW. 17 , 192 2
ang 7 ,922	that I last saw h Invalive on wil
(Mont) (Day) (Year)	and that death occurred on the date stated above, at 1.2,35. m
7 AGE	The CAUSE OF DEATH & was as follows:
yrs. 3 mos. 1 0 ds. or min. ?	C. To citestinal redigeters
8 OCCUPATION (a) Trade, profession or particular kind of work	J
(b) General nature of industry business, or establishment in which employed or (employer)	
9 BIRTHPLACE (State or country)	Contributory Secondary (Duration), yra, r mos, de
10 NAME OF RATHER R. J. Strawsling	(Signed) J. Codwin Bais M.D
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether
12 MAIDEN NAME May W Savis	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Translents, or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrs. mos. da, State, yrs. mos. de
(Informant) I True TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death? Former or usual residence
(Address) Jagustown Md	My on Parage on REMOVE TE OF AURIAL
Filed 7 10. 18. 1922 Im white Registrar	Wallams Wind Har Mac Md
If more blanks are needed, address State Peristran	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

ployed, as At school or At home. Care should be taken whatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing death, Housemaid, etc. gaged in domestic service for wages, as Scrvant, Cook to report specifically the occupations of persons enwork, or At Home, and children, not gainfully emdefinite salary), may be entered a: Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Never return "Laborer," "Foreman," "Manager," "Dealworked or may form part of the second statement. Spinner, (b) Cotton mill; (a) Salcsman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative health-(a) Forement, (b) Automobile factory. The material Civil engineer, Stationary fremen, etc. tion applies to each and every person, irrespective of fulness of various pursnits can be known. The ques-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on without more precise specification as Day If the occupation has been changed -Coal mine, etc. Wom-But in many

Statement of Cause of Death—Name, first, the nisease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pncumonia, Bronchopneumonia ("Pneumonia,"

quences (e. g., sepsis, tetanus) mny be stated under the ture of the injury, as fracture of skull, and conseas probably such, if impo sible to determine definitely diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all symptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anaemia" use of "Tumor" for malignant neoplasms); Measles; Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." Poisoned by carbol'e acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF State cause for which surgical operation was under-"PUERFERAL septicaemia," "FUERFERAL peritonitis," etc. "Uraemia," "Weaknes " ate, when a definite disease rhage," "Inanition" "Marasmus," "Old Age." "Shock," "Dropsy," "Exhaustion," "Heart failure." "Haemor ary), 10 ds. causing death), 29 ds.; Bronchopneumonia stated unless important. Chronic interstitial nephritis, etc. (name origin; "Cancer" is less definite; avoid inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men vulsions," (secondary or intercurrent) affection need not be Whooping FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), cough; Chronic valvular hourt disease; Never report mere symptoms or terminal (Recommendations on state-Example: Measles The contributory (second-(merely (disease

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DEC 2 18

V. S. No. 1.

Z B 1 PLACE OF DEATH

County Pashington	CERTIFICATE OF DEATH
HPORATE LIMITO OF	Registration Dist. No. 302
Village or City Hage storm (No./103, 40) 2 FULL NAME Grace & Da	Forms are Are St.; 5 Ward) [If death eccurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fernale 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 HEREBY CERTIFY, That I attended deceased from
ODATE OF BIRTH ONAY (Month) (Day) (Year)	Oct 30 1923 to 200. 19. 1923, that I last saw h ev alive on 200 [9, 1922,
7 AGE If LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at 4.20m. The CAUSE OF DEATH * was as follows:
** OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer)	(Ouration) yrs. mos. ds.
9 BIRTHPLACE (State or country) Quaruland	Secondary (Burallen) yrs mes ds.
10 NAME OF FATHER Jakob Frahrusy 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER Of Sababalle Auddle Rams	(Signed) W. 1912 (Address) Toylolom, M. 0. State the Disease Causing Death, fr. in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal of Homicidal.
of Mother Chiabeth Middle Canf	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yes mas, de. State, yes mos. ds. Where was disease contracted,
(Informant) 2005 A St. Com land	if net at place of death? Fermer or usual residence
(Address) Paramountm	PLACE OF BURIAL OR REMOVAL DATE OF BURIAL DATE OF B
Filed Nov 20, 1922 Joshua Thomas REGISTRAR	20 UNDERTAKER ADDRESS G. La Reichard Haywolow Re
If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., of the second statement. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton write None Housemaid, etc. If the occupation has been changed mobile factory. engineer, Stationary freman, etc. first line will be sufficient, e. g., Farmer or Planter, Physiis provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to applies to each and every person, irrespective of age. tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupamany occupations a single word or term on the Compositor, various pursuits can be known. The question For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in Architect, Never return "Laborer," Locomotive engineer, But in many eases, If retired from without more (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup") Typhoid fever (never report "Typhoid pneumonia") Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin

DEC

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by SUICIDAL, or nomicidal, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; mus, "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," cough; Chronic valvular heart disease; Chronic interstitial ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of......... (name origin; "Cancer" is less definite: avoid use of on Nomenclature of the American Medical Association.) state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For VIOLENT DEATHS etc., when a definite disease can be ascertained as the genital," "Senile," etc.), rent) affection need not be stated unless important. nephrilis, etc. "Tumor" for malignant neoplasms); Meusles; Whooping "PUERPERAL peritonitis," etc. birth or miscarriage "Heart failure," "Haemorrhage," "Inanition," "Maras-mus," "Old Age," "Shock," "Uracmia," "Weakness," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bron-Always qualify all diseases resulting from diildby railway The nature of the injury, as fracture of skull, The contributory (secondary or intereurtrain-accident; Revolver as "PUERPERAL septichaemia," "Dropsy," carbolic acid-probably State cause for which Never report mere "Exhaustion," mound

if the certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence—All the data is essential and must be obtained before the certificate is permanently filed.

BINDING

(Approved by U. S. ('ensus and American Public Health Association.)

state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the whatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (regaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Wonworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quesenpation is very important, so that the relative health Statement of Occupation - Precise statement of oc-For many occupations a single word or term on or At Home, and children; not gainfully emwithout more precise specification as Day duties of the

Statement of Cause of Death—Name, first, the pis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> quences (e.g., sepsis, tetanus) may be stated under the diseases resulting from childbirth or misearriage as symptomatic), "Atrophy," "Collapse," conditions, such as "Asthenia," "Anaemia" (merely ary), 10 ds. causing death), 29 ds.; Bronchopneumonia stated unlers important. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculorie of lungs, men-Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." Poisoned by carbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF State cause for which surgical operation was under-"PURIPERAL septicaemia." "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion." "Heart failnre," "Haemorvulsions," Chronic interstitial nephrilis, etc. The contributory use of "Tumor" for malignant neoplasms); Meastes; "Uraemia," "Weekness." etc., when a definite disease (secondary or intercurrent) affection need not be Whooping cough; of the injury, as fracture of skull, and conse-.. (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), Never report mere symptoms or terminal Chronic valvular heart (Recommendations on state-Example: Measles (disease Struck by railway "Coma," "Condisease;

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	PLACE OF DEATH	SEPTIFICATE OF DEATH
	Washington 12361	CERTIFICATE OF DEATH
Co	WITHIN CORPORATE LIMITS OF	Registration Dist. No.
	7/22 tun 373 A	Cassian On 14 mg and 15
Ville	age or City (No. 1)	St.; Ward) (If death occurred in a hospital or institu-
	VI E and	tion, give its NAME instead of street and number.)
	2 FULL NAME C. YOUN	ovar a number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
0.0	A CONTRACTOR A	16 DATE OF DEATH
3 S	MARRIED, WIDOWED	700 7 192 -
1	nale white or divorced ungle	(Month) (Day) (Year)
6 D	ATE OF BIRTH	HEREBY CERTIFY, That I atended the deceased from
	Och 17 010	7.0/ 3 1022
	(Month) (Day) (Year)	that I last saw h Amalive on 12
7 40		and that death occurred on the dete stated above, etm.
	I dayhrs.	The CAUSE OF DEATH & was as follows:
	ds.ormosds.ormin.?	
	CCUPATION	Magino: probably brownous;
P	a) Trade, profession or articular kind of work.	Ord due to a fall, two or three weeks
(1) (1)	b) General nature of industry	from ously cwf (Duration) yrs mos Ods.
O W	usiness, or establishment in thich employed or (employer)	Contributory Ancest
9 B	IRTHPLACE (State or country)	Secondary
	(State of Country)	(Duration)yrsmosds.
	10 NAME OF STREET	(Signed) M.D.
	treat annual	1014 1922 (Address + agentown MI)
RENTS	11 BIRTHPLACE OF FATHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
Ē	(State or country) 12 MAIDEN NAME	
PAR	OF MOTHER WAY	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	13 BIRTHPLACE	lents, or Recent Residents) At place
	OF MOTHER (State or country)	of death yrs mosda. State,yrsmosda.
14 !	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
	Wh TE Whitmere	Former or usual residence.
	(Informant)	19 PINE OF BURIAL OR REMOVAL CAN OF BURIAL
	(Address) Agustown WWW	11020 July /6 22
15	70 F 701 Web +	20 UNDERTAKER ADDRESS
	Filed Nov. H 1922 I M. While	on the Mi 1 Mar Mal
-	Deputy neglistrar	flations, Immos land in
10	If more blanks are needed, addyess State Mystych	15. W Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARVI AND

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from or given up on account of the disease causing death, gaged in domestic service for wages, as Scrvant, Cook ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, whatever, write None. business, that fact may be indicated thus: Furmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enwork, or At Home, and children, not gainfully cmhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applied to each and every person, irrespective of fulness of various pursuits can be known. eupation is very important, so that the relative healthtired 6 yrs.). For persons who have no occupation Statement of Occupation-Precise statement of oc-Foreman, (b) Automobile factory. For many occupations a single word or term on without more precise specification as Day As examples: (a) The material The ques-

Statement of Cause of Death—Name, first, the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite syuonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pueumenia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

quences (e.g., sepsis, tetanus) may be stated under the use of "Tumor" for malignant neoplasms); Measles; ment of cause of death approved by Committee on head of "contributory." ture of the injury, as fracture of skull, and conseas probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF diseases resulting from childbirth or miscarriage as rhage," "Inanition" "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion." "Heart symptomatic), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or causing death), 29 ds.; Pronchopneumonia stated unless important. Chronic interstitiul nephritis, (name origin; "Cancer" inges, peritonaeum, etc., unqualified, is indefinite); Tuberculosis of lungs, men-Nomenclature of the American Medical Association.) Poisoned by carbolic acid-probably suicide. The na-Examples: Accidental drowning; Struck by railway State cause for which surgical operation was under-"Puerperal seplicaemia." "Puerperal peritonitis," ean be ascertained as the cause. "Uraemia," "Weaknes:" etc., when a definite disease vulsions," (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; -accident; Revolver wound of head-homicide; FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), Carcinoma, Sarcoma, etc., (Recommendations on state-Example: Meastes etc. ls less definite; avoid failure." "Haemor-Always qualify all The contributory terminal (disease (merely (secondetc.

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.